

Name  
in  
Full

## CERTIFICATE OF DEATH

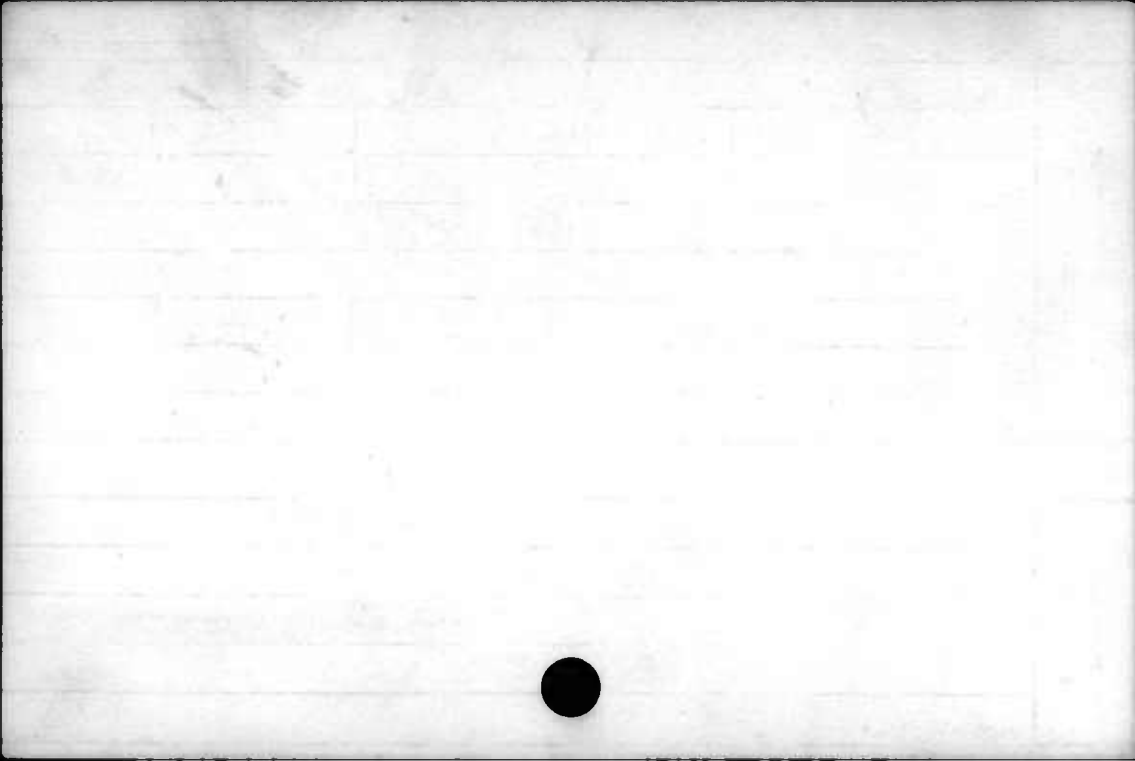
TO BE ANSWERED BY  
NEAREST FRIEND

Name *Minnie Josephine Barnard* Town *Cumtunda* County *Alle*  
Died at *Cumtunda* MARYLAND  
Date of death 190 *3* Month *4* Day *19* Age *6* Years Months Days  
Sex *Female* Color or Race *White* Birth-place *Md*  
Married, Single or Widowed *Single* Occupation  
Name of Wife or Husband  
Father's Name *William Barnard* Father's Birthplace *Md*  
Mother's Maiden Name *Emma Gabler* Mother's Birthplace *Md*  
Name of person giving information *William Barnard* How related to deceased *Father*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Acute Cellulitis* How long *10 days*  
Immediate *144* How long  
Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *W. W. Wiley*  
*W. W. Wiley* Address *Cumtunda Md*  
Accident or Suicide?



Name  
in  
Full

Marie Berg

CERTIFICATE OF DEATH

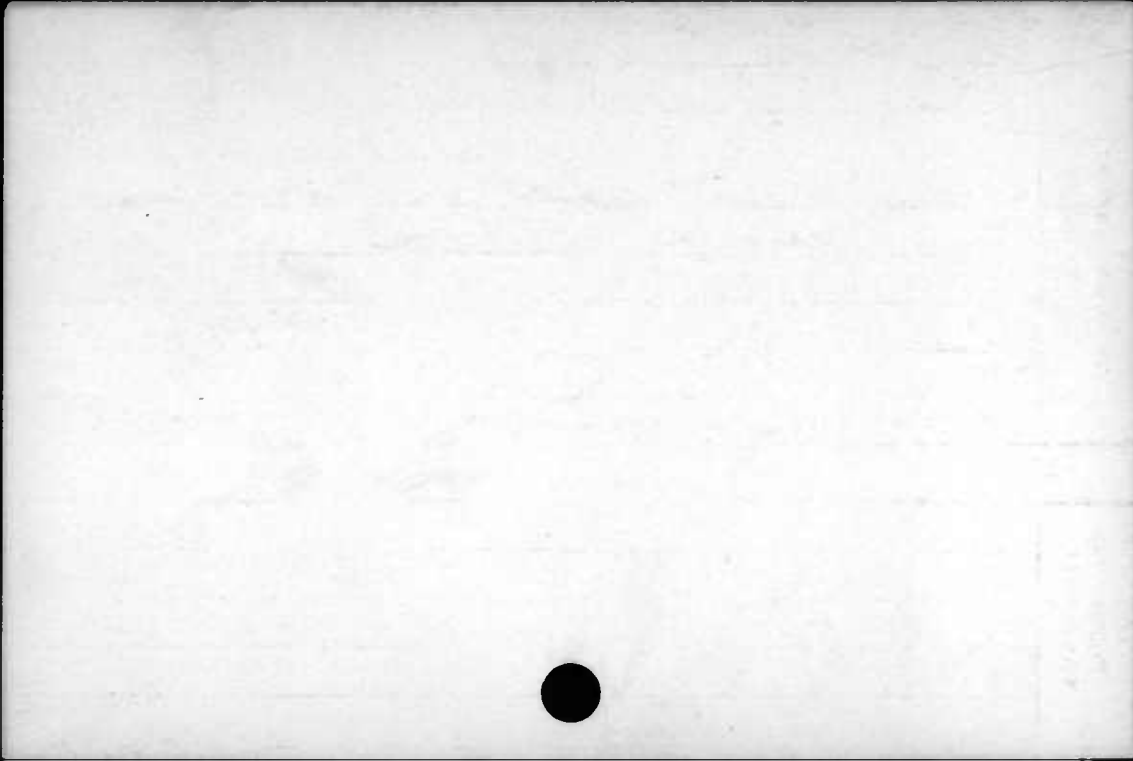
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Cumtland</i>		County <i>Allegheny</i>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>April</i>	Day <i>8</i>	Age <i>84</i>	Years	Months
Sex <i>Female</i>	Color or Race <i>White</i>		Birth place <i>Germany</i>		
Married, Single or Widowed <i>Widow</i>			Occupation <i>—</i>		
Name of Wife or Husband					
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information <i>Ray Buckholz</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia</i>	How long <i>10 days</i>
Immediate <i>Heart failure</i>	How long <i>12 hours</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. W. Wilson</i>
	Address <i>Cumtland Md</i>
Accident or Suicide? <i>—</i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

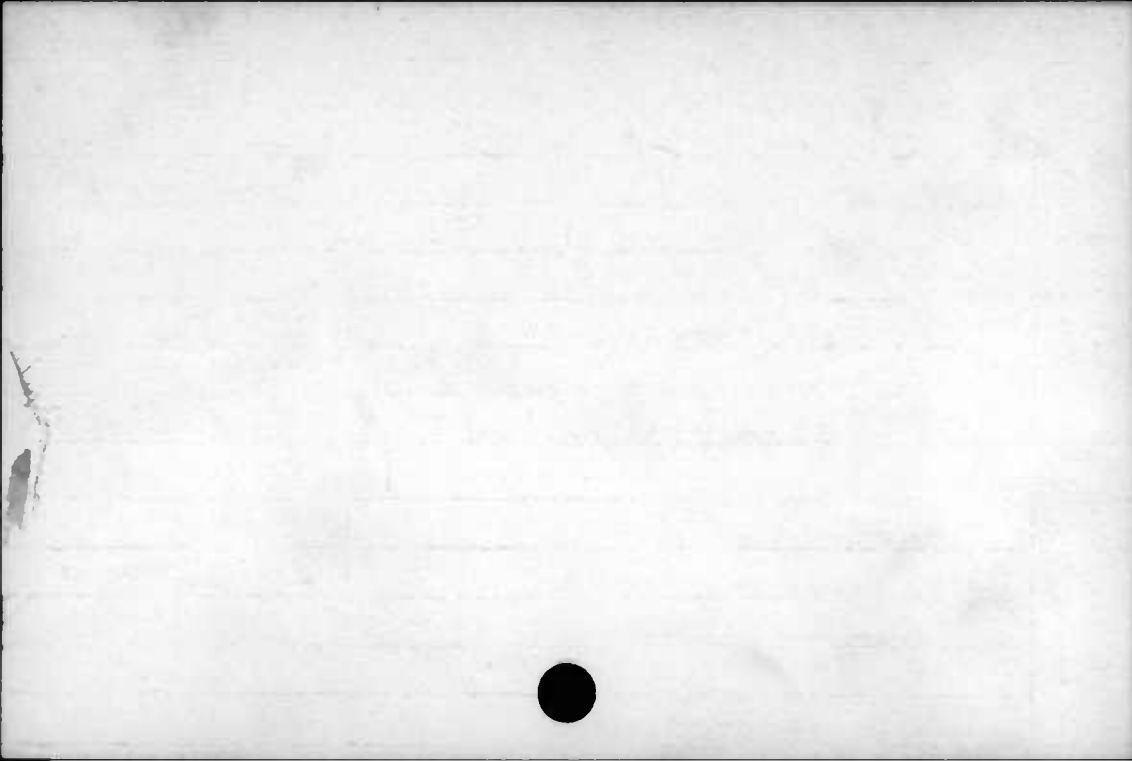
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Cumberland</i> <small>Town</small>		<i>Allegheny</i> <small>County</small>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>4</i>	Day <i>28</i>	Age <i>65</i> <small>Years</small>	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Green C. Pa.</i>		
Married, Single or Widowed <i>Married</i>			Occupation <i>Insurance Agent</i>		
Name of Wife or Husband <i>Sarah H. Brewster</i>					
Father's Name <i>A. P. Brewster</i>			Father's Birthplace <i>Pa</i>		
Mother's Maiden Name <i>Sarah Keogues</i>			Mother's Birthplace <i>Pa</i>		
Name of person giving information <i>Mrs Joe Smith</i>			How related to deceased <i>Daughter</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Consumption (Lungs)</i>	How long <i>3 yrs</i>
Immediate <i>Exhaustion</i>	How long <i>2 wks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. H. Swiss</i>
	Address <i>Cumberland</i>
Accident or Suicide? <i>—</i>	<i>M.D.</i>



Name  
in  
Full

Pearl Virginia Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Cumberland</u> <sup>Town</sup>		<u>Alleghany</u> <sup>County</sup>		MARYLAND	
Date of death 19 <u>23</u>	<u>11</u> <sup>Month</sup>	<u>8</u> <sup>Day</sup>	Age <u>2</u> <sup>Years</sup>	<u>4</u> <sup>Months</sup>	<u>—</u> <sup>Days</sup>
Sex <u>Female</u>	Color or Race <u>Black</u>		Birth-place <u>Cumberland</u>		
Married, Single or Widowed <u>Single</u>			Occupation <u>Infant</u>		
Name of Wife or Husband <u>—</u>					
Father's Name <u>John Brown</u>			Father's Birthplace <u>W. Va</u>		
Mother's Maiden Name <u>Minnie Lane</u>			Mother's Birthplace <u>W. Va</u>		
Name of person giving information <u>John Brown</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>meningitis</u>	How long <u>one week</u>
Immediate <u>convulsions</u>	How long <u>2 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Dr. J. S. [unclear]</u>
	Address <u>Cumberland Md</u>
<u>Accident or Suicide?</u>	<u>X</u>





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Lonaconing</u> Town <u>Adley</u> County		MARYLAND	
Date of death 190 <u>3</u> April <u>29</u> Day	Age <u>—</u> Years	Month <u>—</u>	Days <u>One</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Lonaconing</u>	
Married Single or Widowed <u>—</u>		Occupation <u>—</u>	
Name of Wife or Husband <u>—</u>			
Father's Name <u>Fredrick Ober</u>		Father's Birthplace <u>Lonaconing</u>	
Mother's Maiden Name <u>Margaret Henderson</u>		Mother's Birthplace <u>Lonaconing</u>	
Name of person giving information <u>Abd. Fred Ober</u>		How related to deceased <u>Mother</u>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

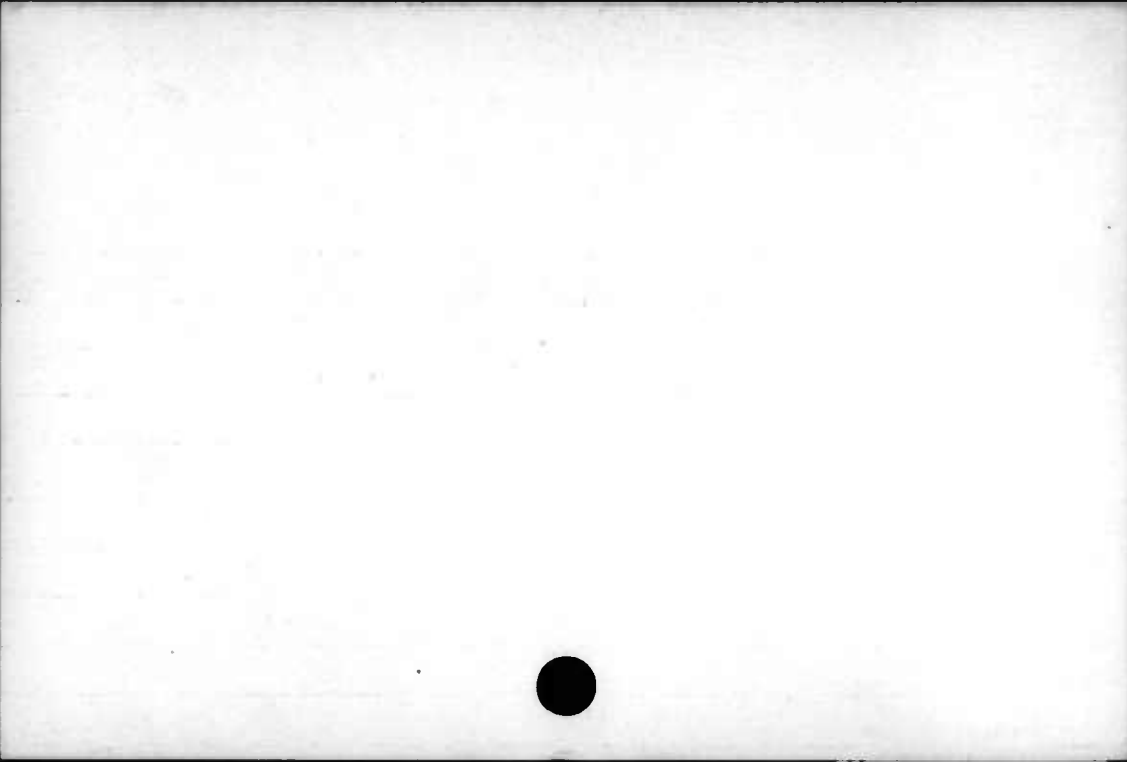
Primary <u>Premature birth (7 mos)</u>	How long <u>—</u>
Immediate <u>Insufficient vitality</u>	How long <u>24 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>W. B. Skilling</u>
	Address <u>Lonaconing</u>
Accident or Suicide? <u>—</u>	



Name in Full		James Thomas Dawson				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town	County	MARYLAND	
		Gilmore		Allegany			
		Date of death 1903	Month	Day	Age	Months	Days
		3	April	27 <sup>th</sup>	—	6	20
		Sex	Male	Color or Race	White	Birth-place	Gilmore
Married, Single or Widowed		—		Occupation		—	
Name of Wife or Husband		—					
Father's Name		James A. Dawson				Father's Birthplace	
Mother's Maiden Name		Marie B. Lancaster				Mother's Birthplace	
Name of person giving information		—				How related to deceased	
		—				—	

### CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Bronchitis	How long	Five days
	Immediate	"	How long	"
	Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Al. Smith
	Accident or Suicide?		Address	Gundland, Md



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

John Dayton

Died at <sup>Town</sup> Westport<sup>County</sup> Allegany

MARYLAND

Date of death 1903 <sup>Month</sup> April<sup>Day</sup> 30Age <sup>Years</sup> 5<sup>Months</sup> X<sup>Days</sup> 27

Sex Boy

Color or  
Race

White

Birth-  
place

Westport

Married, Single  
or Widowed

Single

Occupation

Child

Name of Wife or  
Husband

X

Father's  
Name

C. F. Dayton

Father's  
Birthplace

Allegany Co Md

Mother's  
Maiden Name

Agnes M. Falcin

Mother's  
Birthplace

Allegany Co Md

Name of person giving  
Information

C. F. Dayton

How related  
to deceased

Father

## CAUSES OF DEATH

Primary

Typhoid fever

How long

3 weeks

Immediate

Exhaustion

How long

3 or 4 days

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

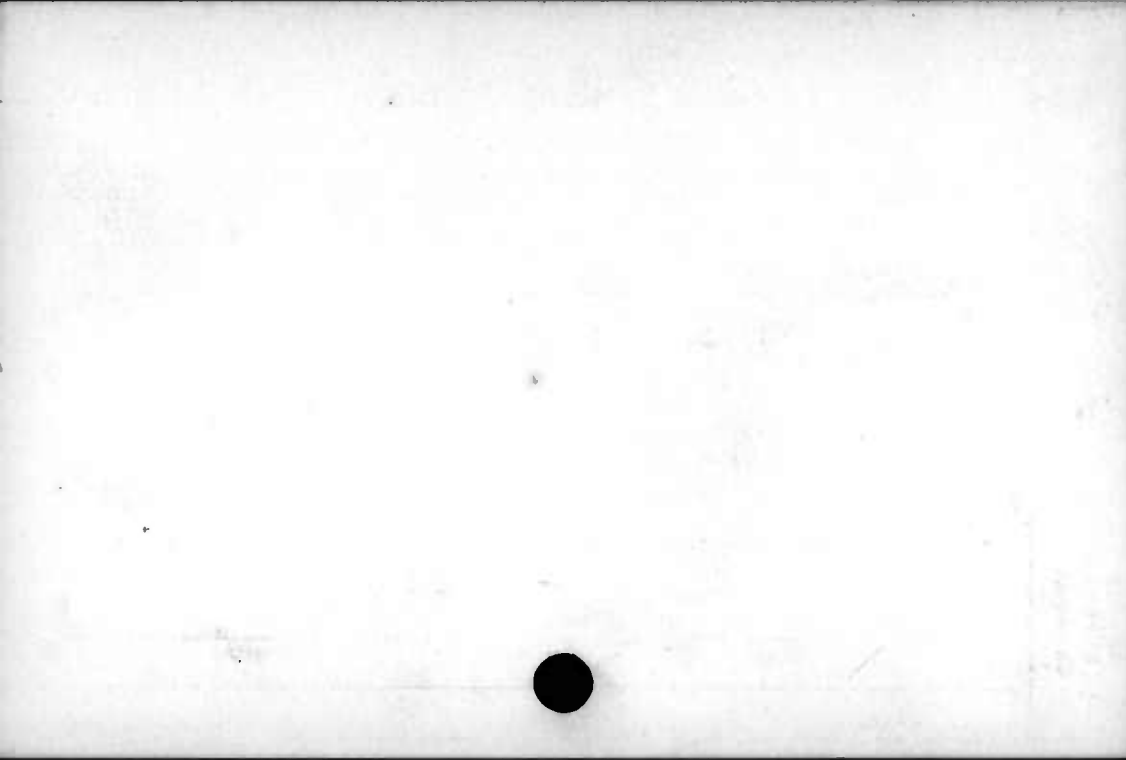
J. B. Shup

Address

Westport Md

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

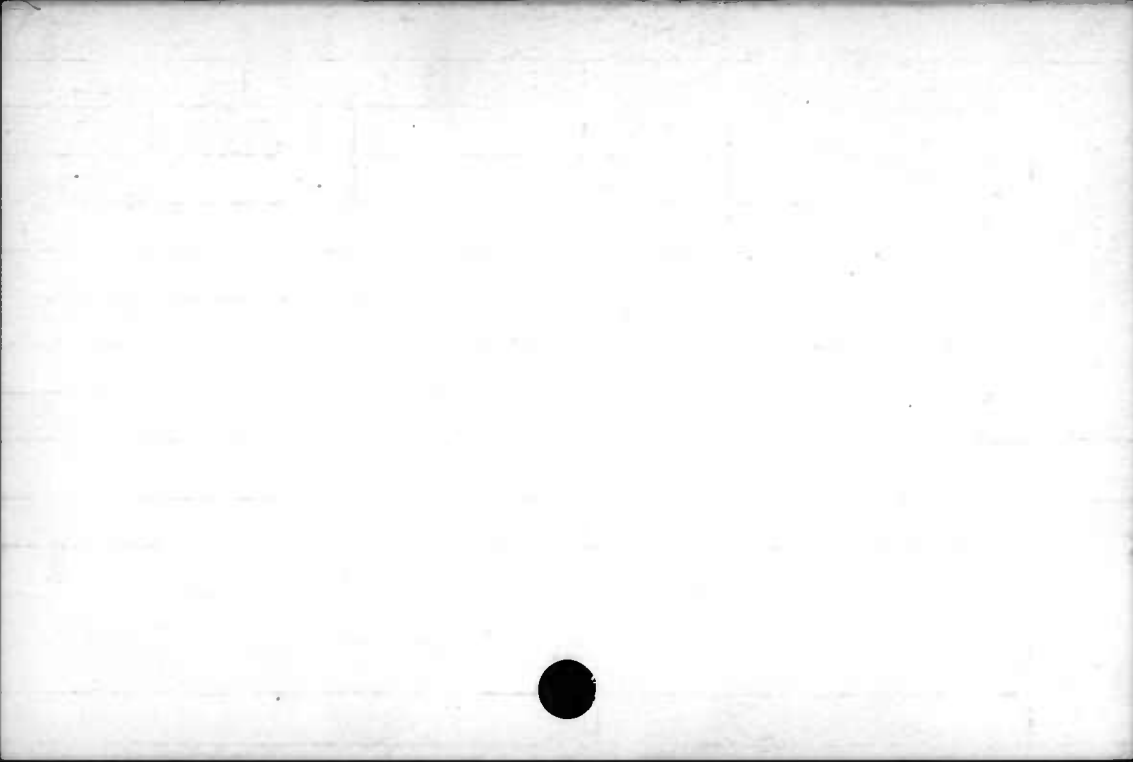
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Chamberland</i>		County <i>Allegany</i>		MARYLAND	
Date of death 1903	Month <i>Apr</i>	Day <i>23</i>	Age Years <i>73</i>	Months <i>8</i>	Days <i>1</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Married, Single or Widowed <i>Widower</i>			Occupation <i>Retired</i>		
Name of Wife or Husband					
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving Information			How related to deceased		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Jaundice</i>	How long <i>10 days</i>
Immediate <i>Cholera</i>	How long <i>114</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Wm. H. Evans, M.D.</i>
	Address <i>Chamberland, Md.</i>
Accident or Suicide?	





Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*William D. Donaldson*

Town *Lonaconing* County *Alleghany* MARYLAND

Died at *Lonaconing*

Date of death 1903 *April 25* Age *47* Months *7* Days *1*

Sex *Male* Color or Race *White* Birth-place *Scotland*

Married, Single or Widowed *Married* Occupation *Miner*

Name of Wife *Henrietta Cuthbertson*

Father's Name *William Donaldson* Father's Birthplace *Scotland*

Mother's Maiden Name *Emmet Dick* Mother's Birthplace *Scotland*

Name of person giving information *Wm D. Donaldson* How related to deceased *Wife*

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Chronic Pneumonia / Phthisis* How long *Four months*

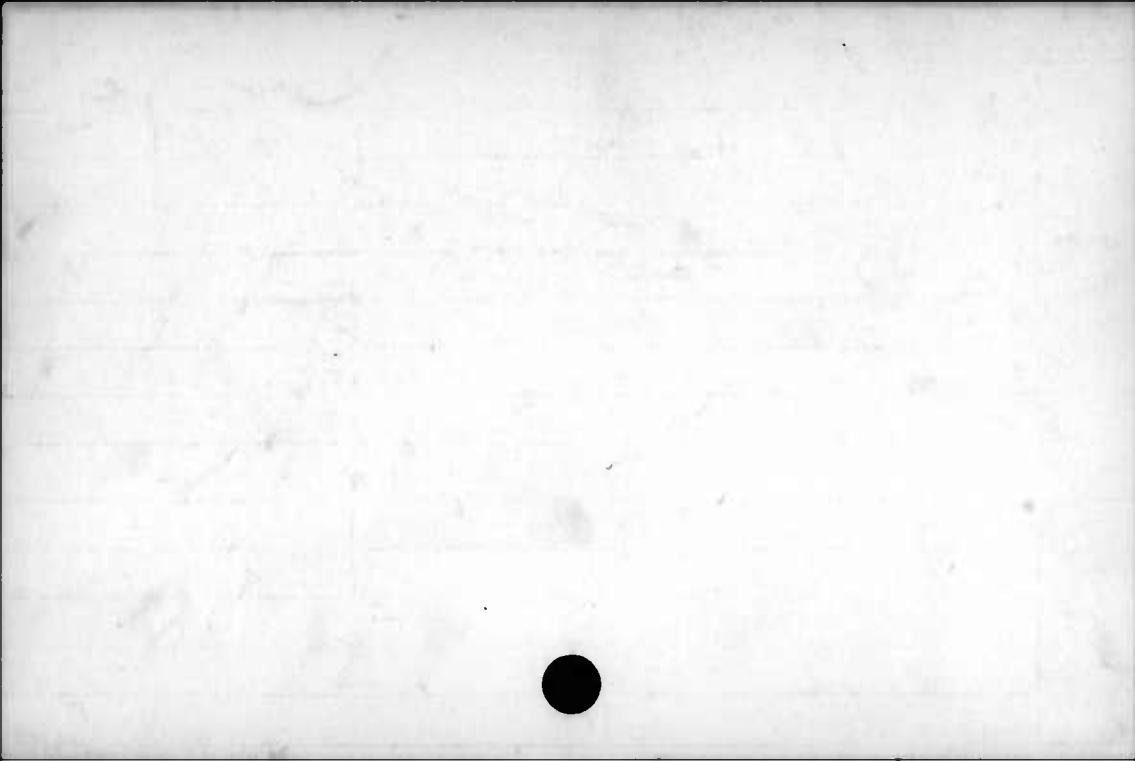
Immediate *Asymptomatic Coma* How long *Four days*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *T. D. Skilling*

Address *Lonaconing*

Accident or Suicide? *No*



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Annie Doonchuck</i>		Town <i>Lord</i>		County <i>Allegheny</i>		MARYLAND	
Died at <i>Lord</i>		Month <i>April</i>		Day <i>15</i>		Age <i>26</i>	
Date of death 190 <i>3</i>		Months <i>-</i>		Years <i>-</i>		Days <i>-</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Austro-Hungary</i>			
Married, Single or Widowed <i>Married</i>		Occupation <i>Housewife</i>					
Name of Wife or Husband <i>Andrew Doonchuck</i>							
Father's Name <i>Daniel Disco</i>		Father's Birthplace <i>Austro-Hungary</i>					
Mother's Maiden Name <i>Olenna</i>		Mother's Birthplace <i>Austro-Hungary</i>					
Name of person giving information <i>Andrew Doonchuck</i>		How related to deceased <i>Husband</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Suppuration Cholangitis</i>	How long <i>3 months</i>
Immediate <i>Septicemia</i>	How long <i>1 month</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>James C. Bullock</i>
	Address <i>Lawsoning Maryland</i>
Accident or Suicide?	



Name  
in  
Full

Miles Durkin

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Cumberland		County Allegheny		MARYLAND	
Date of death 190	3	Month 4	Day 8	Age 68	Years 68	Months	Days
Sex	Male		Color or Race	White		Birth- place	Ireland
Married, Single or Widowed	Widower			Occupation	Laborer		
Name of Wife or <del>Husband</del>	Annie McHugh						
Father's Name	_____					Father's Birthplace	Ireland
Mother's Maiden Name	_____					Mother's Birthplace	Ireland
Name of person giving In formation	Jno. T. Boor					How related to deceased	None

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Fits or Epilepsy		How long	Several years
Immediate	Unknown		How long	a few hours
Are the name, age, sex, color, date and place correctly given above?	yes		Signature of Physician	JM Spear
			Address	Cumberland Md
Accident or Suicide?				



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Cumteland</i>		County <i>Allegheny</i>		MARYLAND	
Date of death 1903	Month <i>April</i>	Day <i>28<sup>th</sup></i>	Age	Years <i>7</i>	Months <i>7</i>	Days <i>—</i>	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth- place <i>—</i>				
<del>Married, Single or Widowed</del> <i>Single</i>				Occupation <i>—</i>			
Name of Wife or Husband <i>—</i>							
Father's Name <i>—</i>				Father's Birthplace <i>—</i>			
Mother's Maiden Name <i>—</i>				Mother's Birthplace <i>—</i>			
Name of person giving Information <i>93</i>				How related to deceased <i>—</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia Bronchitis</i>	How long <i>—</i>
Immediate <i>Cereb. Sp. Meningitis</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>E. B. Claybrook</i>
	Address <i>Cumteland W. Va.</i>
Accident or Suicide? <i>—</i>	





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*John A Eschenbacher*

Town *Cumberland* County *Allegany* MARYLAND

Died at *Cumberland*

Date of death 190 *3* Month *April* Day *24* Age *58* Years Months *2* Days *11*

Sex *Male* Color or Race *White* Birth-place *Germany*

Married, Single or Widowed *Married* Occupation *Rail Roading*

Name of Wife or Husband *Annie M Eschenbacher*

Father's Name \_\_\_\_\_ Father's Birthplace *Germany*

Mother's Maiden Name \_\_\_\_\_ Mother's Birthplace *Germany*

Name of person giving information \_\_\_\_\_ How related to deceased *Son*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Injury of spine* How long \_\_\_\_\_

Immediate *Shock. Paralysis* How long *11 hours*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *James W. [illegible]*

Address *Cumberland, Md.*

Accident or Suicide? *Accident*



Name  
in  
Full

Annie Lee Halk

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Cumtance</i>		County <i>accery</i>		MARYLAND	
Date of death 1903	Month <i>4</i>	Day <i>28</i>	Age <i>7</i>	Years <i>7</i>	Months <i>—</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Ohio</i>		
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name <i>John Halk</i>			Father's Birthplace <i>—</i>		
Mother's Maiden Name <i>Alice " Ga</i>			Mother's Birthplace <i>—</i>		
Name of person giving information <i>John Halk</i>			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Membranous or Diphtheritic Group</i>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Thos. W. Gentry, M.D.</i>
		Address <i>Cumtance, Ind.</i>
Accident or Suicide?		



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*James L B Hudson* - *Acary* -

Town County

Died at *Pradys* -

DATE of death 190 *2* Month *4* Day *18* Age *44* Years Months Days

Sex *Male* Color or Race *White* Birth place

Married, Single or Widowed *Single* Occupation *Engineer*

Name of Wife or Husband *May - Libbey*

Father's Name Father's Birthplace

Mother's Maiden Name Mother's Birthplace

Name of person giving information *G L Quinn* How related to deceased

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Accident* How long

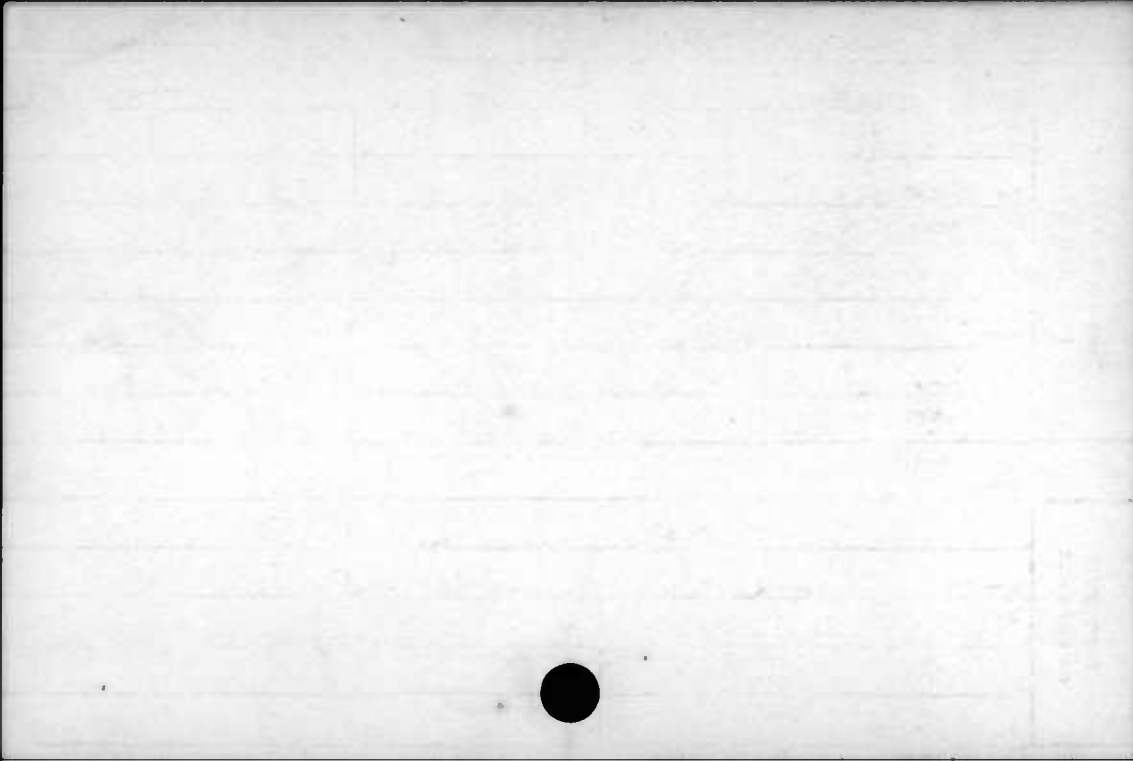
Immediate *Yes* How long

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *W J. Conner*

Address *Coroner*

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Town  
Cumberland

County

Allegany

MARYLAND

Date

of death 1903

Month

April

Day

23<sup>rd</sup>

Age

Years

Months

Days

Sex

Female

Color or  
Race

White

Birth-  
place

Md

Married, Single  
or Widowed

Single

Occupation

—

Name of Wife or  
HusbandFather's  
Name

Charles Henry

Father's  
Birthplace

Md

Mother's  
Maiden Name

Annie E. Lohr

Mother's  
Birthplace

Md

Name of person giving  
In formation

Charles Henry

How related  
to deceased

Father

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Cyanosis

How long

1 day

Immediate

Exhaustion

151

How long

Are the name, age, sex, color, date  
and place correctly given above?

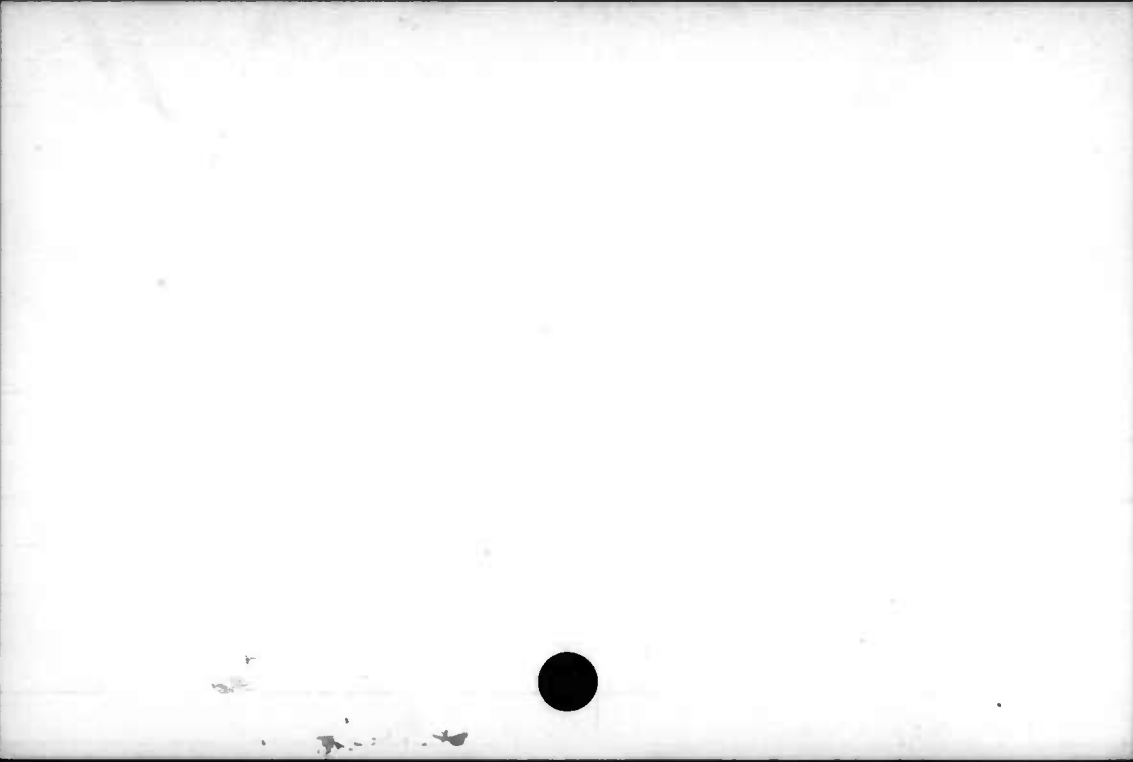
yes

Signature of  
Physician

Address

J. Jones Wilson  
Cumberland Md

Accident or Suicide?





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Charles Henry (Trin)*  
Died at *Cumtland* <sup>Town</sup> *Allegheny* <sup>County</sup> MARYLAND

Date of death 190*3* <sup>Month</sup> *April* <sup>Day</sup> *23* <sup>Years</sup> *23* <sup>Months</sup> *0* <sup>Days</sup> *1*

Sex *Male* Color or Race *White* Birth-place *Ind*

Married, Single or Widowed *Single* Occupation *—*

Name of Wife or Husband *—*

Father's Name *Charles Henry* Father's Birthplace *Ind*

Mother's Maiden Name *Annie E. Tohler* Mother's Birthplace *Ind*

Name of person giving information *Charles Henry* How related to deceased *Father*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Cyanosis* How long *1 day*

Immediate *Exhaustion* How long *151*

Are the name, age, sex, color, date and place correctly given above?

*yes* Signature of Physician *J. Jones Wilson*

*yes* Address *Cumtland Ind*

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Donacoring</u> <sup>Town</sup>		<u>Allegheny</u> <sup>County</sup>		MARYLAND	
Date of death 190 <u>3</u>	Month <u>Apr.</u>	Day <u>13</u>	Age <u>18</u>	Years <u>5</u>	Months <u>15</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Donacoring Md.</u>			
Married, Single or Widowed <u>Single</u>		Occupation <u>—</u>			
Name of Wife or Husband					
Father's Name <u>Edward Hogan</u>			Father's Birthplace <u>Maryland</u>		
Mother's Maiden Name <u>Mary A. Gallagher</u>			Mother's Birthplace <u>"</u>		
Name of person giving information <u>Mary A. Hogan</u>			How related to deceased <u>Mother</u>		

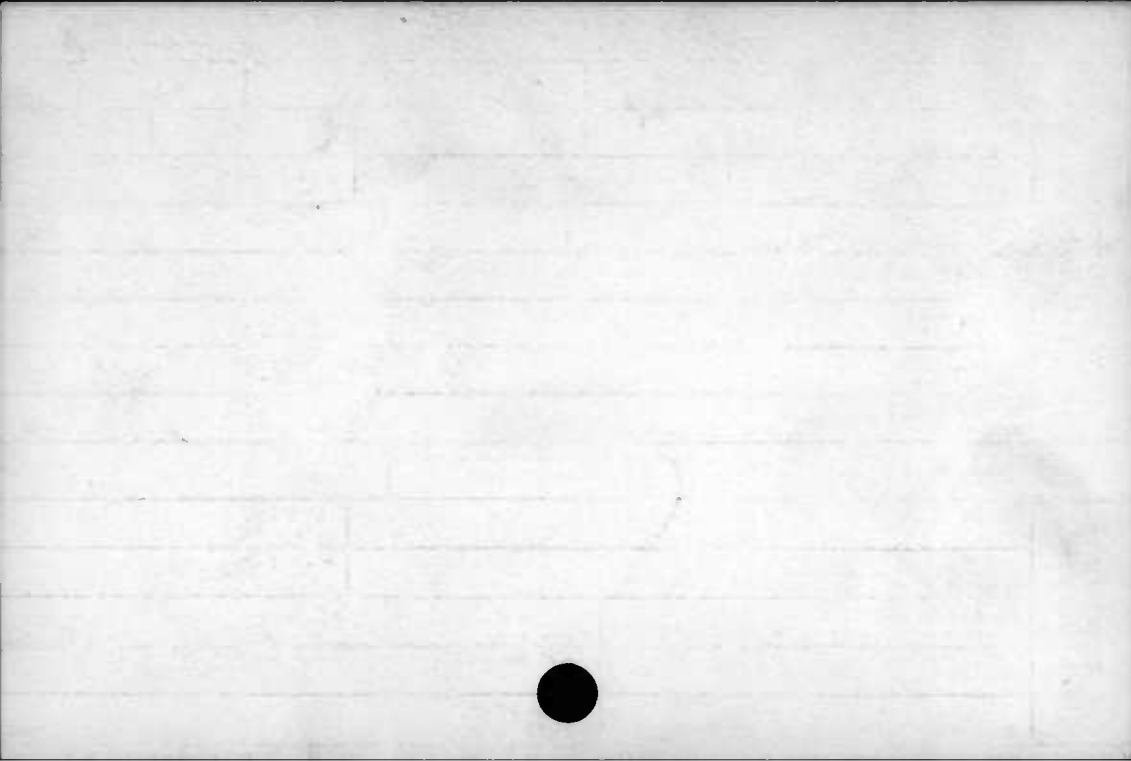
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Extensive Burn</u> <u>167</u>	How long
Immediate <u>Pneumonia</u>	How long <u>1 day</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>M. G. Porter</u>
	Address <u>Donacoring Md.</u>
Accident or Suicide? <u>accident-</u>	



Name in Full		CERTIFICATE OF DEATH			
Joseph Hopkins		County		MARYLAND	
Died at <del>Cumberland Md</del>		allany			
Date of death 190	3	Month	April	Day	5
Age	0	Years		Months	10
Sex	Male	Color or Race	White	Birth-place	Mapleland Md
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased		
CAUSES OF DEATH					
Primary			How long		
Tubercular Otitis			2 or 3 Weeks		
Immediate			How long		
Meningitis			3 da		
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician		
Yes			G. L. Broadbent		
			Address		
			100 Va Ave		
Accident or Suicide?			Cumberland Md		



Name  
in  
Full

Henry Hardy Horn

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> <i>Cumberland</i>		<sup>County</sup> <i>Allegany</i>		MARYLAND	
Date of death 190 <i>3</i>	<sup>Month</sup> <i>April</i>	<sup>Day</sup> <i>9</i>	Age <sup>Years</sup> <i>60</i>	<sup>Months</sup> <i>—</i>	<sup>Days</sup> <i>26</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Martinsburg W. Va.</i>		
Married, Single or Widowed <i>Married</i>			Occupation <i>Had been "Boss Rigger" B+OR</i>		
Name of Wife or Husband <i>Fanny Virginia Horn</i>					
Father's Name <i>Jesse Horn</i>			Father's Birthplace <i>Martinsburg</i>		
Mother's Maiden Name <i>Eliza Welsh</i>			Mother's Birthplace <i>" "</i>		
Name of person giving Information <i>Geo. H. Horn</i>			How related to deceased <i>Son</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Endocarditis</i>	How long <i>Unknown</i>
Immediate <i>Endocarditis</i>	How long <i>Sudden loss of compensation</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>C. H. Weimer</i>
	Address <i>Cumberland</i>
Accident or Suicide?	<i>X Ind.</i>





Name  
in  
Full


## CERTIFICATE OF DEATH

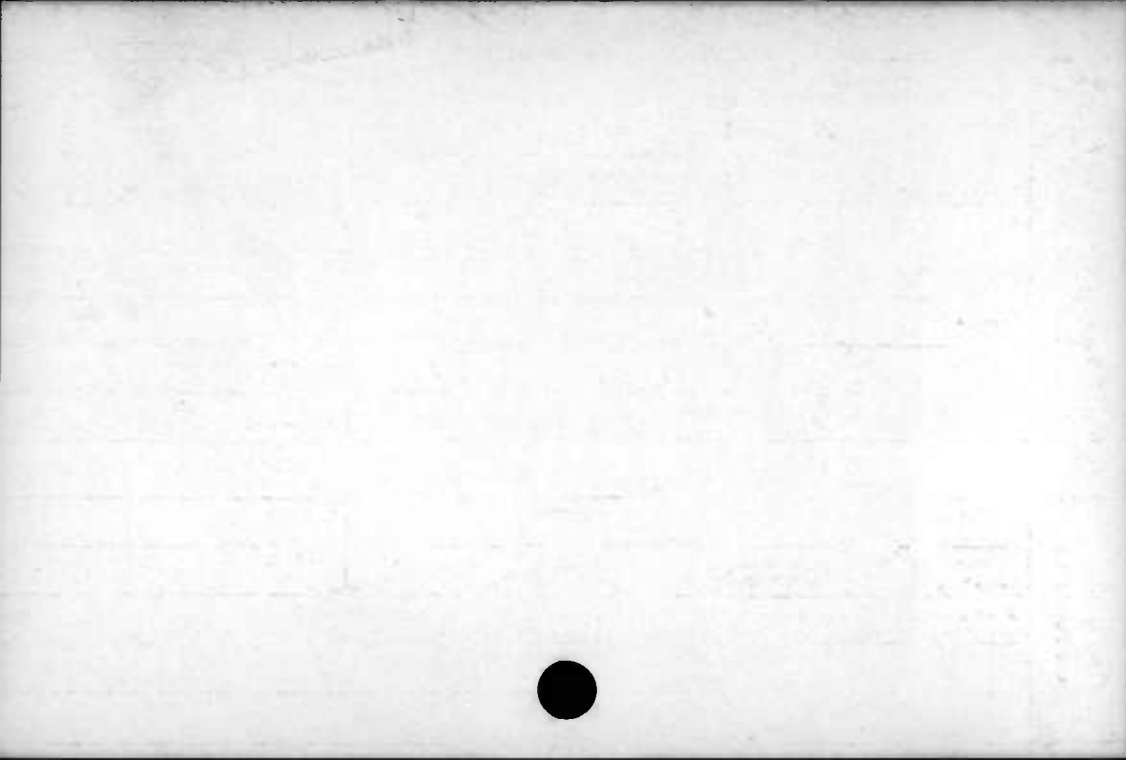
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <b>Barton</b> <small>Town</small>		<b>allegany</b> <small>County</small>		<b>MARYLAND</b>	
Date of death 1903	<b>April</b> <small>Month</small>	<b>16</b> <small>Day</small>	Age <b>10</b> <small>Years</small>	<b>8</b> <small>Months</small>	<b>8</b> <small>Days</small>
Sex <b>Female</b>	Color or Race <b>white</b>		Birth-place <b>Allegany</b>		
Married, Single or Widowed <b>L</b>			Occupation <b>L</b>		
Name of Wife or Husband <b>L</b>					
Father's Name <b>Wm Hyde</b>			Father's Birthplace <b>Alleg Co</b>		
Mother's Maiden Name <b>Sarah Kirkpatrick</b>			Mother's Birthplace <b>Alleg Co</b>		
Name of person giving information <b>Wm Hyde</b>			How related to deceased <b>Father</b>		

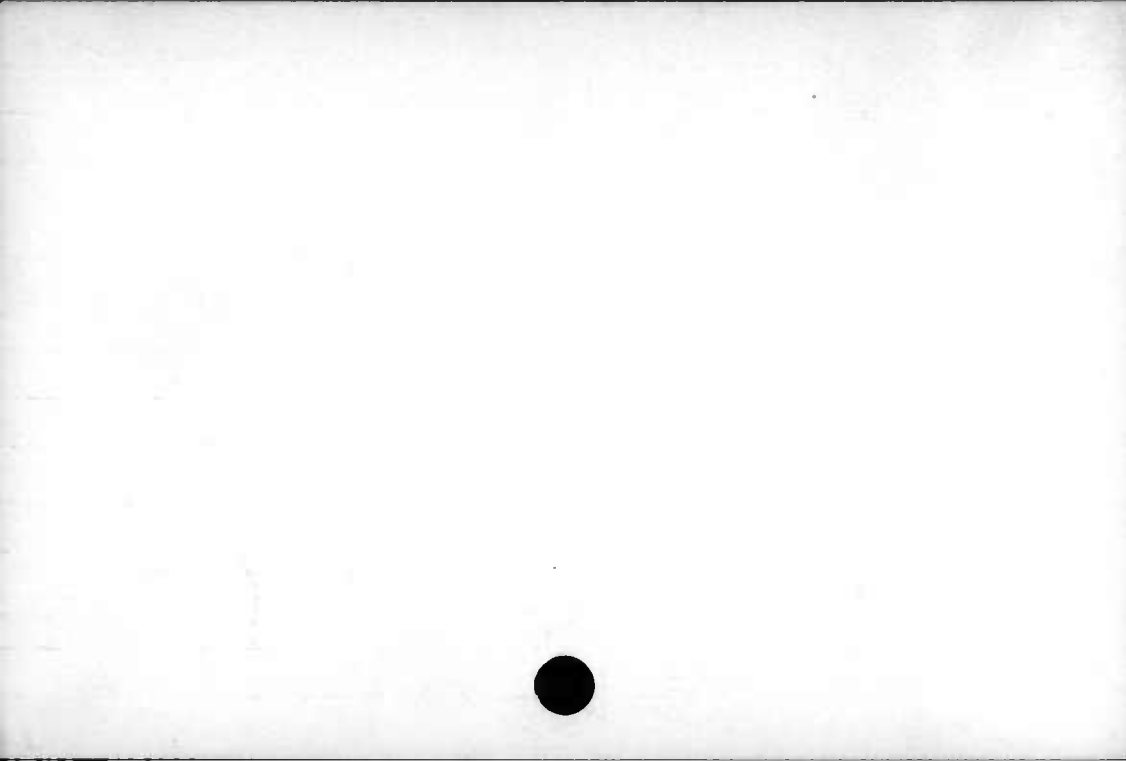
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<b>Appendicitis</b>	How long	<b>24 hours</b>
Immediate	<b>Perforation of bowel &amp; Haem.</b>	How long	<b>4 hours</b>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <b>A. C. Boucher</b>	
<b>yes</b>		Address <b>Barton M. X.</b>	
<b>L</b>			
Accident or Suicide? <b>L</b>			



Name in Full		Jona Kirby				CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Mt. Savage		County Allegheny		MARYLAND			
	Date of death 1903		Month Apr		Day 21		Age		Years 2	
	Sex Female		Color or Race White		Birth-place Mt. Savage, Md.					
	Married, Single or Widowed				Occupation					
	Name of Wife or Husband									
	Father's Name		William A. Kirby		Father's Birthplace		Cumberland, Md.			
	Mother's Maiden Name		Mary Stella Crow		Mother's Birthplace		Mt. Savage, Md.			
Name of person giving information		William A. Kirby		How related to deceased		Father				
CAUSES OF DEATH										
PHYSICIAN OR CORONER	Primary		of Convulsions				How long		1 day	
	Immediate						How long			
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		Edw. J. Quaker			
					Address		Mt. Savage, Md.			
Accident or Suicide?										



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDHenry T. Logsdon  
near Puntd

County

Accum

MARYLAND

Date

of death 190

3

Month

4

Day

25

Age

Years

25

Months

Days

Sex

Male

Color or  
Race

White

Birth-  
place

Puntd

Married, Single

or Widowed

Occupation

Name of Wife or  
HusbandFather's  
Name

Henry Logsdon -

Father's  
BirthplaceMother's  
Maiden NameMother's  
BirthplaceName of person giving  
Information

G. L. P. 166

How related  
to deceased

## CAUSES OF DEATH

Primary

Accident on rail

How long

Immediate

Yes -

How long

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

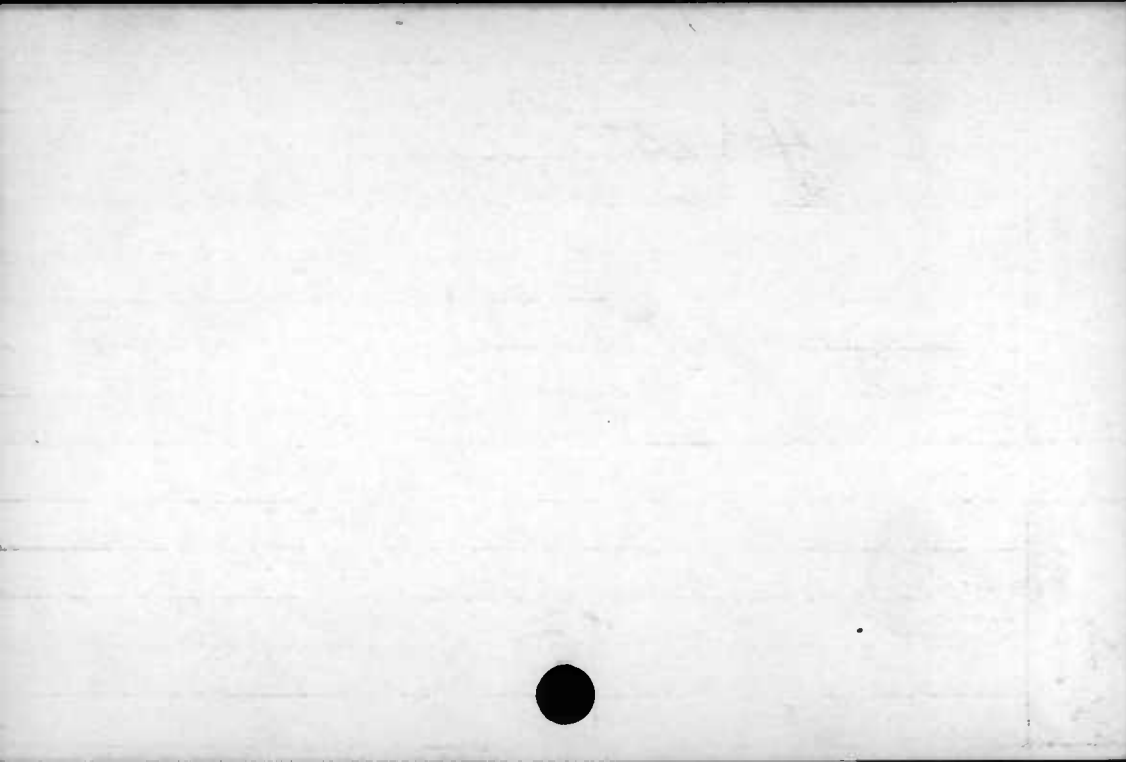
Dr. J. Bonner

Address

Coroner

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name in Full		Columbus Leasure				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>near Old Town</i>		Town <i>County</i>		County <i>Allegheny</i>		MARYLAND
	Date of death 1903	Month <i>April</i>	Day <i>9th</i>	Age <i>7</i>	Years	Months	Days
	Sex <i>Male</i>		Color or Race <i>white</i>		Birth place <i>Maryland</i>		
	Married, Single or Widowed			Occupation			
	Name of Wife or Husband						
	Father's Name <i>Daniel Leasure</i>				Father's Birthplace <i>Maryland</i>		
	Mother's Maiden Name <i>Ruth Piper</i>				Mother's Birthplace <i>Maryland</i>		
Name of person giving In formation <i>Mrs. H. Nixon</i>				How related to deceased <i>neighbor</i>			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary <i>Diphtheroid angina</i>				How long <i>not known</i>		
	Immediate <i>Croupous Pneumonia</i>				How long <i>" "</i>		
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>				Signature of Physician <i>L. V. Harbaugh</i>		
	<i>as near as known</i>				Address <i>Old Town, Ind.</i>		
	Accident or Suicide?						





Osborne Lyon

Town

County

Died at

Cumberland

Allegheny

MARYLAND

Date 19

03

Month

Day

April 30

Age

14

Y.

M.

D.

Native of

Occupation

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

Widower

Number of children living

Husband  
of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Injury to Leg

Death

Immediate

Shock

How long sick

4 months

Accident, Suicide, Homicide

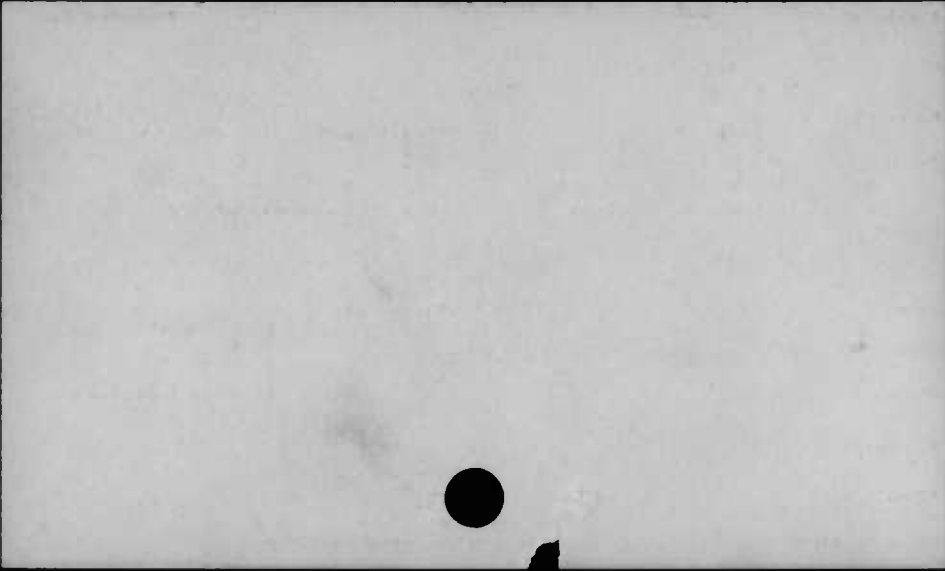
Reported by

B. C. Muller

Address

Cumberland Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

## CERTIFICATE OF DEATH

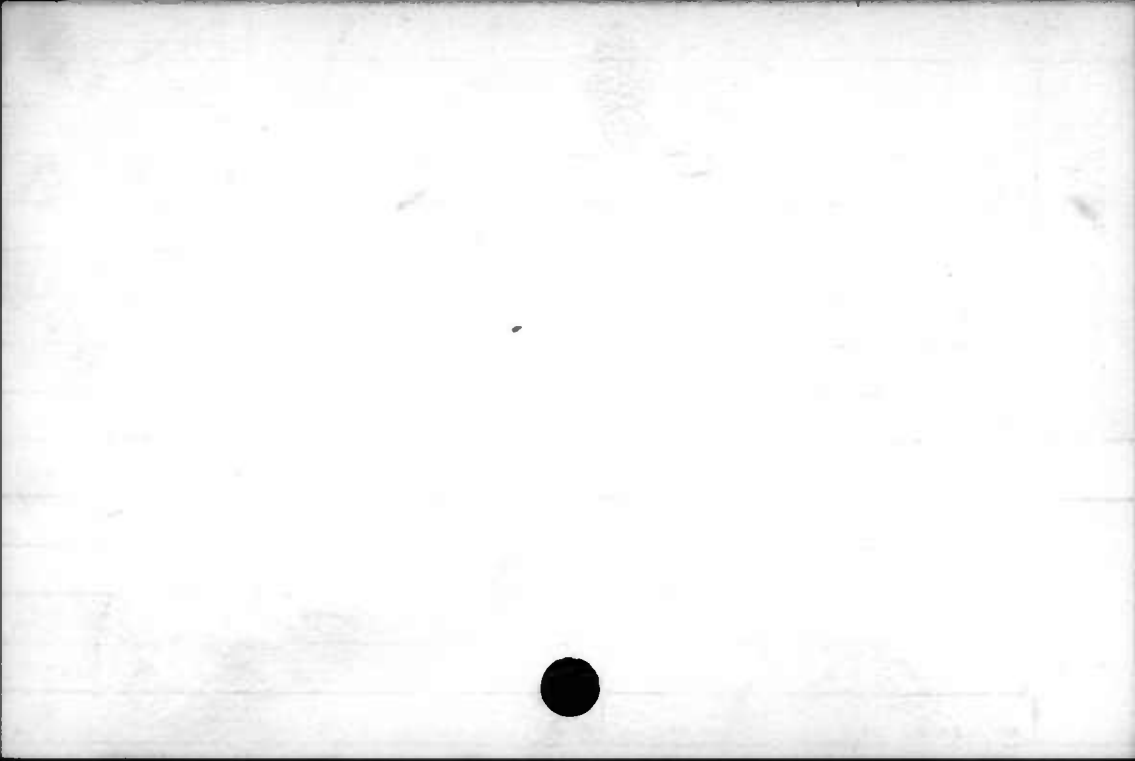
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Crown</i>		County <i>Alle</i>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>4</i>	Day <i>16</i>	Age Years		Months	Days <i>21</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth- place <i>Ind</i>			
Married, Single or Widowed <i>Single</i>		Occupation					
Name of Wife or Husband							
Father's Name <i>G W Undermott</i>				Father's Birthplace			
Mother's Maiden Name <i>Lillie Hinkle</i>				Mother's Birthplace			
Name of person giving In formation <i>G W Undermott</i>				How related to deceased <i>Father</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Anaemia Anaxemia</i>	How long <i>16 days</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. H. Wiley</i>
<i>HP</i>	Address <i>Cumbeled Ind</i>
Accident	



Name  
in  
Full

Elizabeth McKenzie

## CERTIFICATE OF DEATH

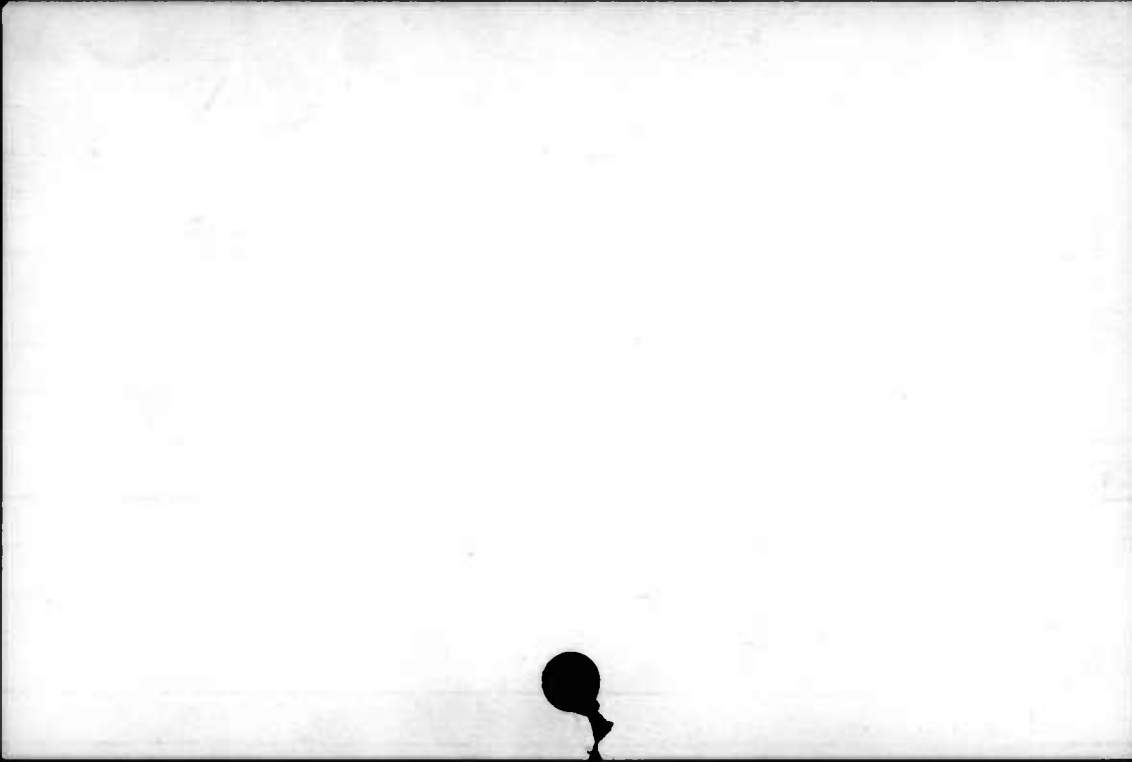
TO BE ANSWERED BY  
NEAREST FRIEND


Died at <i>Camden</i>		Town		County <i>Allegheny</i>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>4</i>	Day <i>3</i>	Age <i>64</i>	Years	Months	Days	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth- place			
Married, Single or Widowed <i>Widow</i>		Occupation					
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving Information <i>90</i>				How related to deceased			

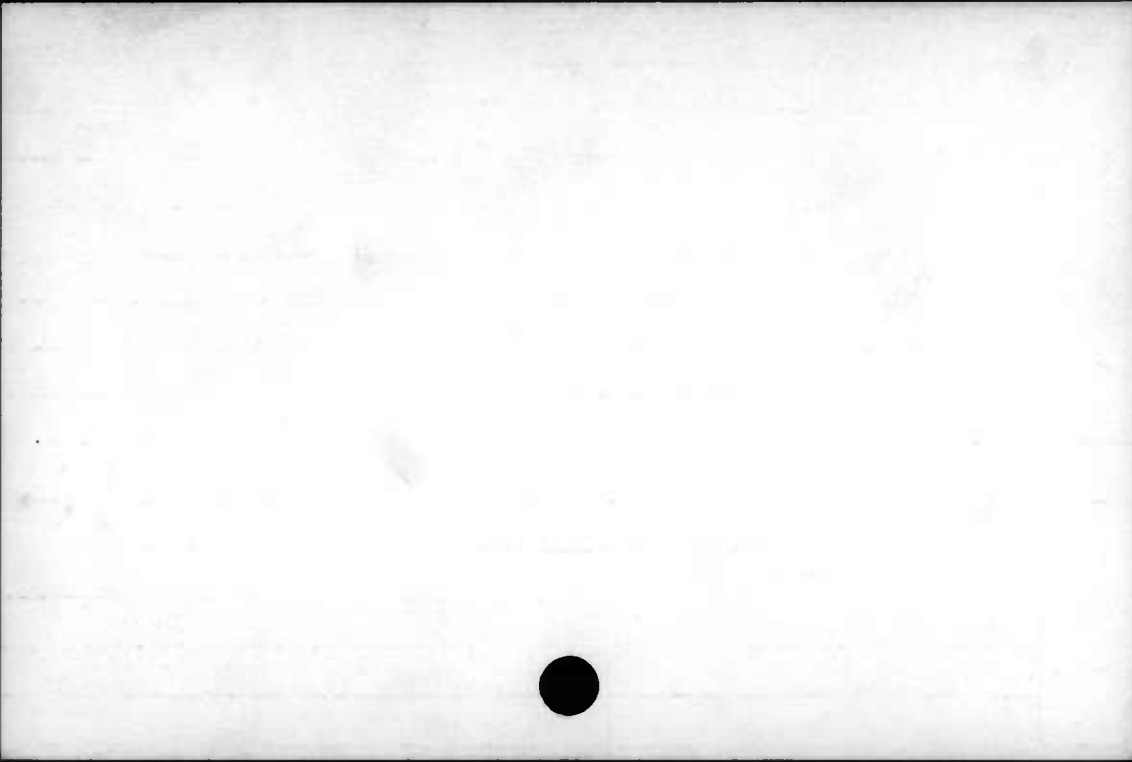
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Bronchitis</i>		How long <i>Two weeks</i>	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. W. Jackson</i>	
		Address <i>Camden Md</i>	
Accident or Suicide?			



Name in Full		Matheros				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Cumberland</i>		Town <i>County</i>		MARYLAND		
	Date of death 1903	Month <i>4</i>	Day <i>24</i>	Years Age <i>Still Birth</i>	Month <i>8<sup>th</sup> Probably</i>	Days —	
	Sex <i>Female</i>		Color or Race <i>White</i>		Birth- place <i>Cumberland Md</i>		
	Married, Single or Widowed			Occupation			
	Name of Wife or Husband						
	Father's Name <i>Chas. H. Matheros</i>				Father's Birthplace <i>Cumberland</i>		
	Mother's Maiden Name <i>Mary a Mathz</i>				Mother's Birthplace <i>Cumberland Md</i>		
Name of person giving information <i>Father</i>				How related to deceased <i>Father</i>			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary <i>Not Known Still Birth</i>				How long —		
	Immediate " " "				How long —		
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>				Signature of Physician <i>J. H. Fackman</i>		
	Accident or Suicide?				Address 		





Name  
in  
Full

Ruth Vance

## CERTIFICATE OF DEATH

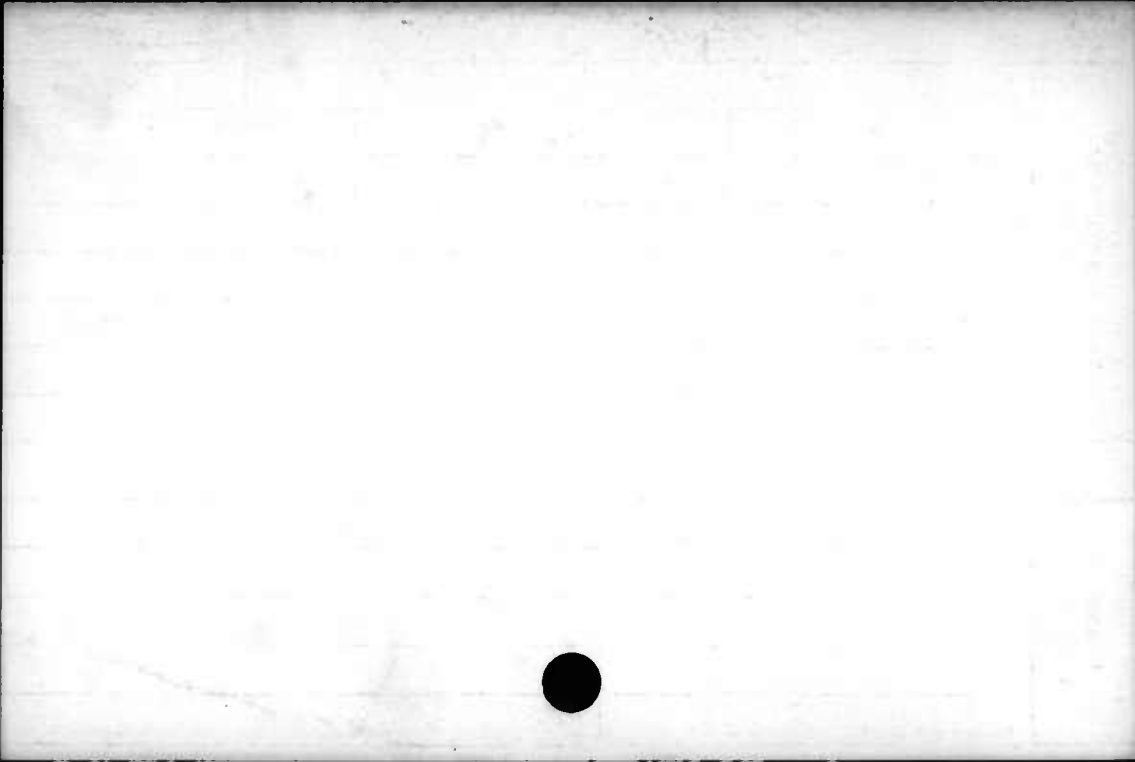
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Cumberland</u> <sup>Town</sup>		<u>Allegheny</u> <sup>County</sup>		MARYLAND	
Date of death 1903	Month <u>April</u>	Day <u>19</u>	Age <u>0</u> years	Months <u>5</u>	Days <u>6</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Cumberland Md</u>		
Married, Single or Widowed <u>          </u>			Occupation <u>          </u>		
Name of Wife or Husband <u>          </u>					
Father's Name <u>James M. Vance</u>			Father's Birthplace <u>Md</u>		
Mother's Maiden Name <u>Minnie R. Fry</u>			Mother's Birthplace <u>Ohio</u>		
Name of person giving Information <u>Father</u>			How related to deceased <u>Father</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Whooping Cough</u>	How long <u>4 weeks</u>
Immediate <u>Pneumonia</u>	How long <u>3 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Geo. L. Broadus M.D.</u>
	Address <u>100 Va ave</u>
Accident or Suicide? <u>No</u>	<u>Cumberland Md</u>



Name  
in  
Full

CERTIFICATE OF DEATH

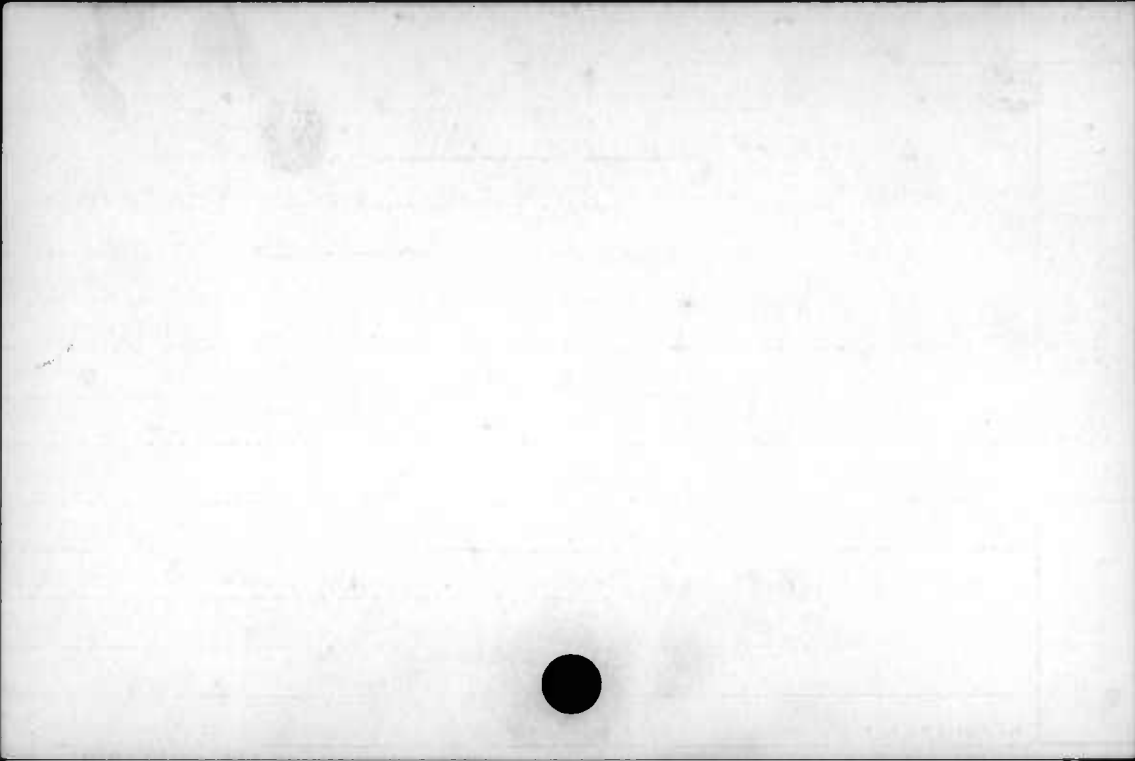
TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>Irvin Phinney</i>		Town <i>Moscow Mills</i>		County <i>Alligany</i>		MARYLAND	
Died at <i>Moscow Mills</i>		Date of death 190 <i>3</i>		Month <i>April</i>		Day <i>16</i>	
Age <i>3</i>		Years <i>3</i>		Months <i>—</i>		Days <i>—</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth place <i>Moscow Mills</i>			
Married, Single or Widowed <i>Single</i>		Occupation <i>Teacher</i>					
Name of Wife or Husband <i>—</i>							
Father's Name <i>Daniel Phinney Jr</i>				Father's Birthplace <i>Pekin</i>			
Mother's Maiden Name <i>Bridget Whaley</i>				Mother's Birthplace <i>Ocean</i>			
Name of person giving In formation <i>W. B. Skilling</i>				How related to deceased <i>Aunt</i>			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Cerebro-Spinal Meningitis</i>		How long <i>24 hours</i>	
Immediate <i>Convulsions</i>		How long <i>3 hours</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>W. B. Skilling</i>	
Address <i>Leicester, Miss.</i>		Address <i>Leicester, Miss.</i>	
Accident or Suicide? <i>—</i>		Accident or Suicide? <i>—</i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

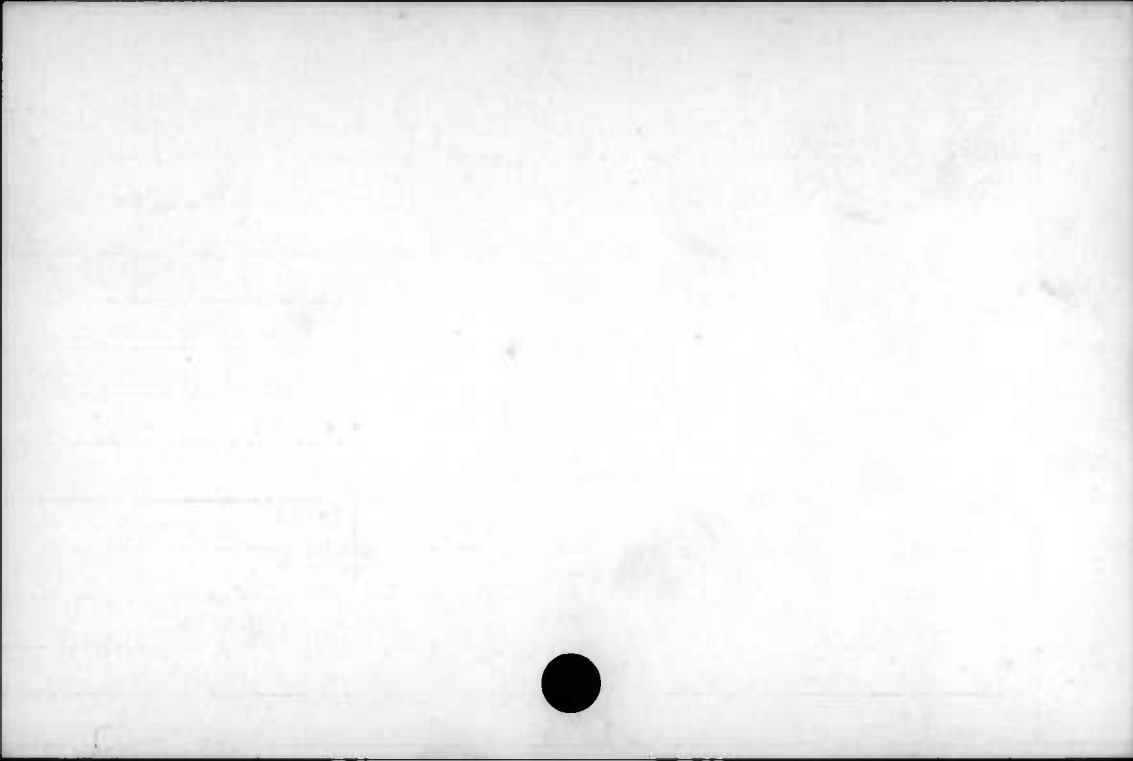
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <b>Infant Robert</b>		Town <b>Lonaconing</b>		County <b>Allegheny</b>		State <b>MARYLAND</b>	
Died at <b>Lonaconing</b>		Date of death 1903 <b>April 25</b>		Age <b>—</b>		Months <b>6</b>	
Sex <b>male</b>		Color or Race <b>white</b>		Birth-place <b>Lonaconing</b>		Days <b>—</b>	
Married, Single or Widowed <b>Single</b>				Occupation <b>—</b>			
Name of Wife or Husband <b>—</b>							
Father's Name <b>George Robertson</b>				Father's Birthplace <b>Lonaconing</b>			
Mother's Maiden Name <b>Ada McMillan</b>				Mother's Birthplace <b>Lonaconing</b>			
Name of person giving information <b>Louise McMillan</b>				How related to deceased <b>Grandfather</b>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <b>Capillary Bronchitis</b>	How long <b>One week</b>
Immediate <b>Asphyxia</b>	How long <b>—</b>
Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>	Signature of Physician <b>W. B. Skilling</b>
	Address <b>Lonaconing</b>
Accident or Suicide? <b>—</b>	



Name  
in  
Full

## CERTIFICATE OF DEATH

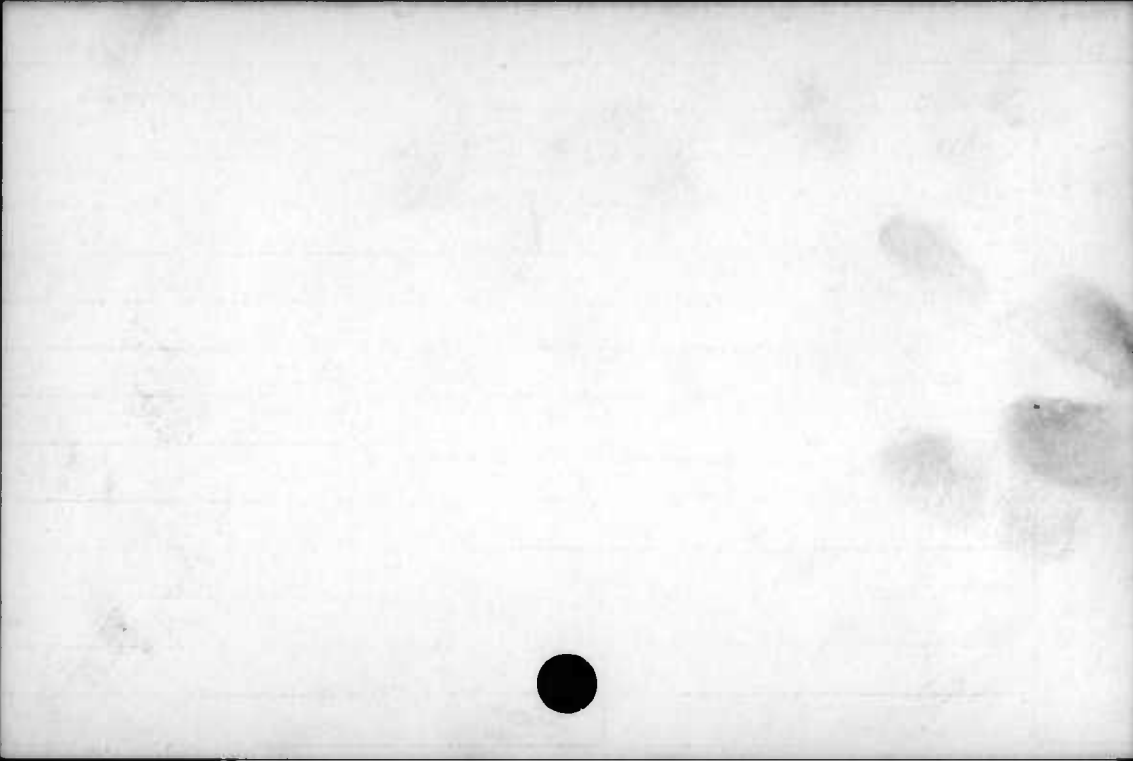
TO BE ANSWERED BY  
NEAREST FRIEND

Name *George Schanz*  
Died at *Donacoring* <sup>Town</sup> *allegany* <sup>County</sup>  
Date of death 190 *3* <sup>Month</sup> *April* <sup>Day</sup> *27* Age *75* <sup>Years</sup> Months *27* <sup>Days</sup>  
Sex *Male* Color or Race *White* Birth-place *Germany*  
Married, Single or Widowed *Married* Occupation *Shoemaker*  
Name of Wife or ~~Husband~~ *Annie Elizabeth Silber*  
Father's Name *Not known by living* Father's Birthplace *Germany*  
Mother's Maiden Name *members of the family* Mother's Birthplace *"*  
Name of person giving information *Sophia Jones* How related to deceased *Daughter*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Cerebral Hemorrhage* <sup>Left</sup> How long *12 hours.*  
Immediate *Cerebral Hemorrhage* How long *12 hours.*  
Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *M. Gibson Fortin*  
Address *Donacoring N.Y.*  
Accident or Suicide? *No*





Name in Full

Certificate of Death

Margaret A Shaffer

Town

County

Died at

MARYLAND

Date

Month

Day

Y.

M.

D.

Native of

Occupation

Date

4

28

Age

45

Maryland

Housewife

~~Male~~

White

Married

~~Widow~~

Divorced

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

Eight

Husband

of

Wife

Father's

Name

Cause of

Primary

Immediate

Death

Mother's

Name

How long sick

4 months

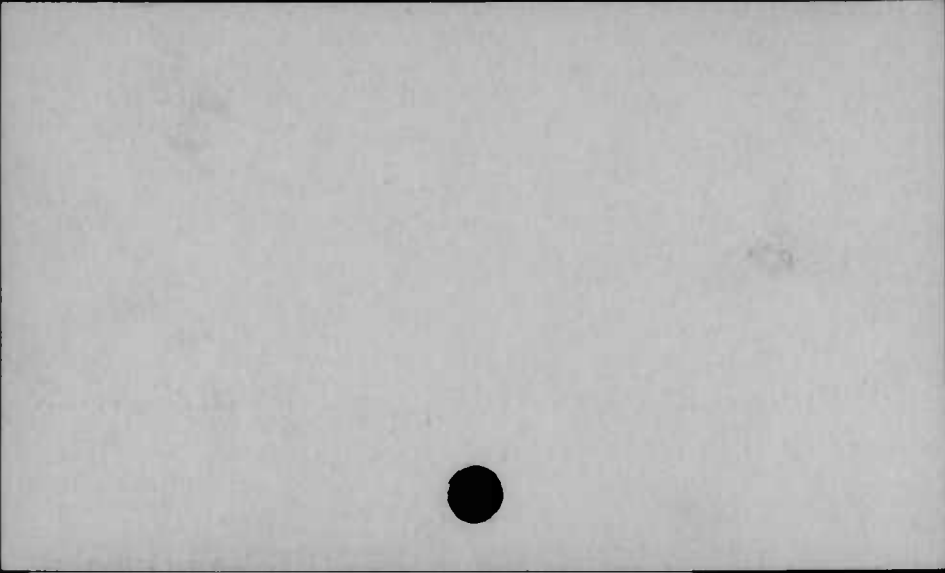
~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 1933



Name  
in  
Full

CERTIFICATE OF DEATH

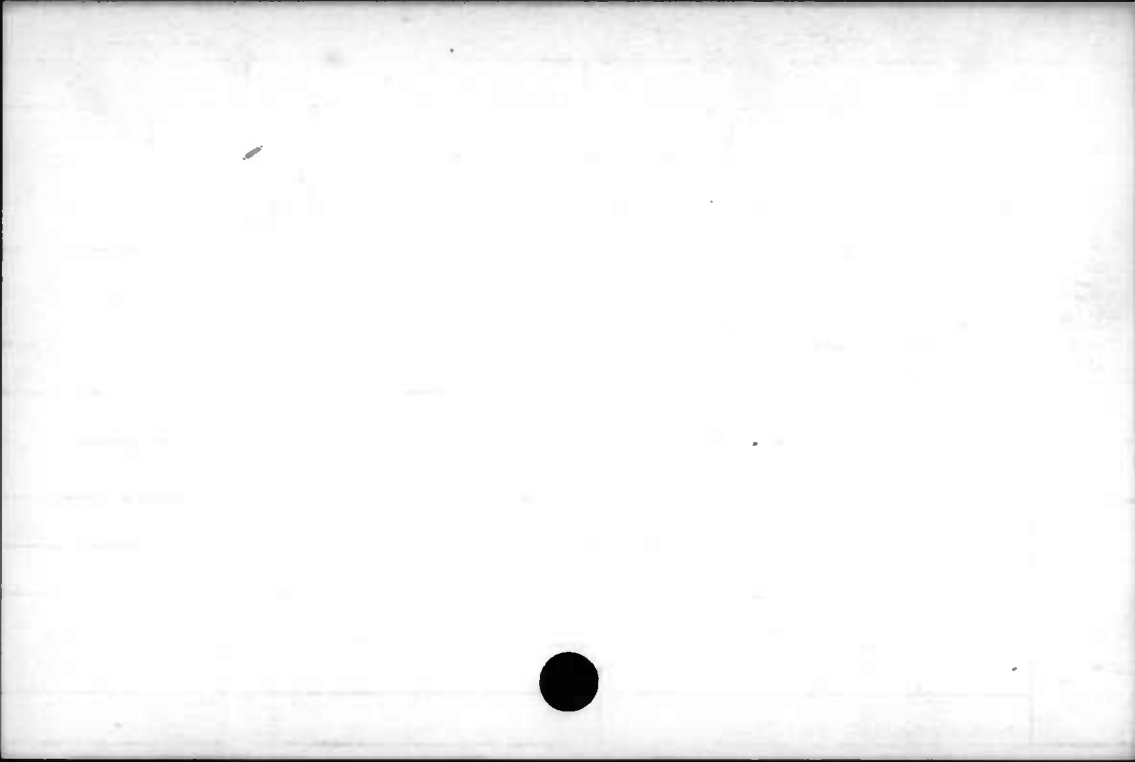
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Cumberland</i> <sup>Town</sup>		<i>Allegany</i> <sup>County</sup>		MARYLAND	
Date of death 1903	<i>April</i> <sup>Month</sup>	<i>14</i> <sup>Day</sup>	Age <i>—</i> <sup>Years</sup>	<i>—</i> <sup>Months</sup>	<i>—</i> <sup>Days</sup>
Sex <i>female</i>	Color or Race <i>White</i>		Birth-place <i>Cumberland</i>		
Married, Single or Widowed <i>—</i>			Occupation <i>—</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>J. O. C. Shober.</i>			Father's Birthplace <i>Cumbe</i>		
Mother's Maiden Name <i>Rachel Welsh</i>			Mother's Birthplace <i>Everett, Va.</i>		
Name of person giving information <i>J. O. C. Shober.</i>			How related to deceased <i>father</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Still - birth</i>	How long <i>—</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Margaret Shober.</i>
	Address <i>Midwife</i>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

Violet Simms

Town

County

Died at

Crumland

Allegheny

MARYLAND

Date

Month

Day

Years

Months

Days

of death

1903

April

22

Age

—

6

—

Sex

Female

Color or  
Race

Col

Birth-  
place

Occupation

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Single

Name of Wife or  
HusbandFather's  
NameFather's  
BirthplaceMother's  
Maiden NameMother's  
BirthplaceName of person giving  
InformationHow related  
to deceased

## CAUSES OF DEATH

Primary

Capillary Bronchitis

How long

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

Jno H Tompkins  
Crumland Md

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

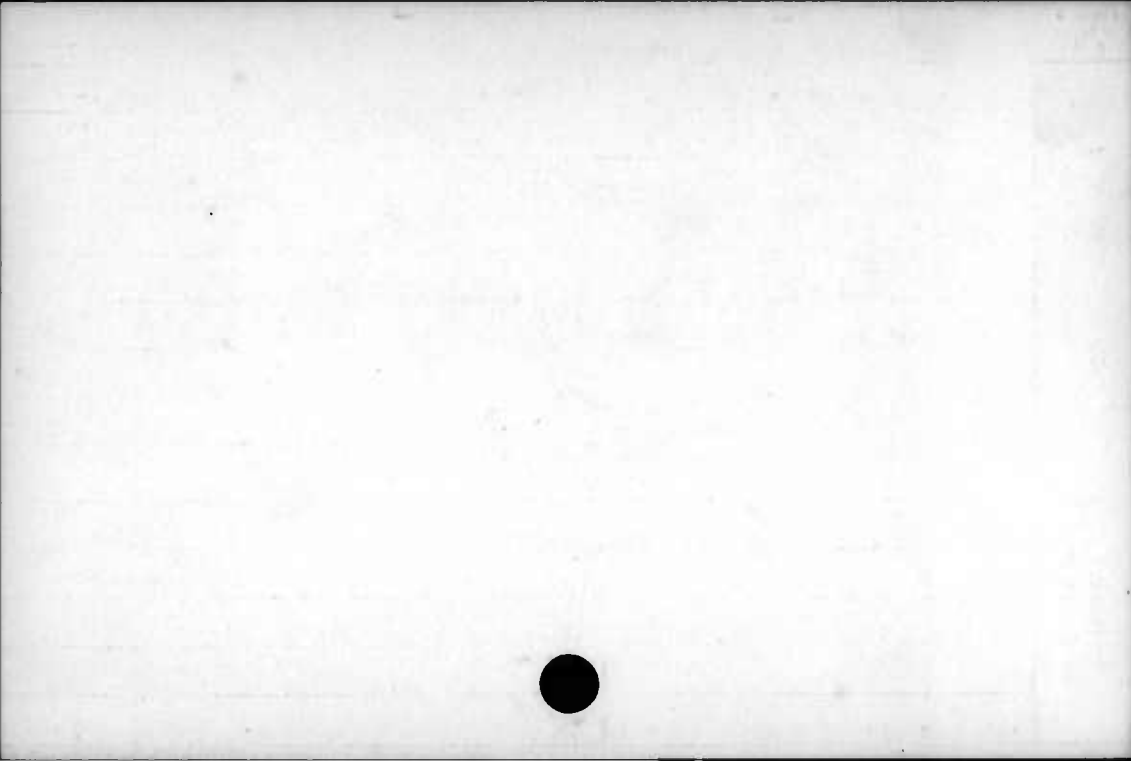
TO BE ANSWERED BY  
NEAREST FRIEND

Died <u>Longmaring</u> Town <u>Allegany</u> County		MARYLAND	
Date of death 19 <u>24</u> <u>April</u> <u>14</u> Day	Age <u>26</u> Years	Months	Days
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Longmaring</u>	
Married, Single or Widowed <u>Single</u>	Occupation <u>Miner</u>		
Name of Wife or Husband			
Father's Name <u>Wm. Long</u>	Father's Birthplace <u>Scotland</u>		
Mother's Maiden Name <u>Mary McLaughlin</u>	Mother's Birthplace <u>Scotland</u>		
Name of person giving information <u>James Perlick</u>	How related to deceased <u>Nephew</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

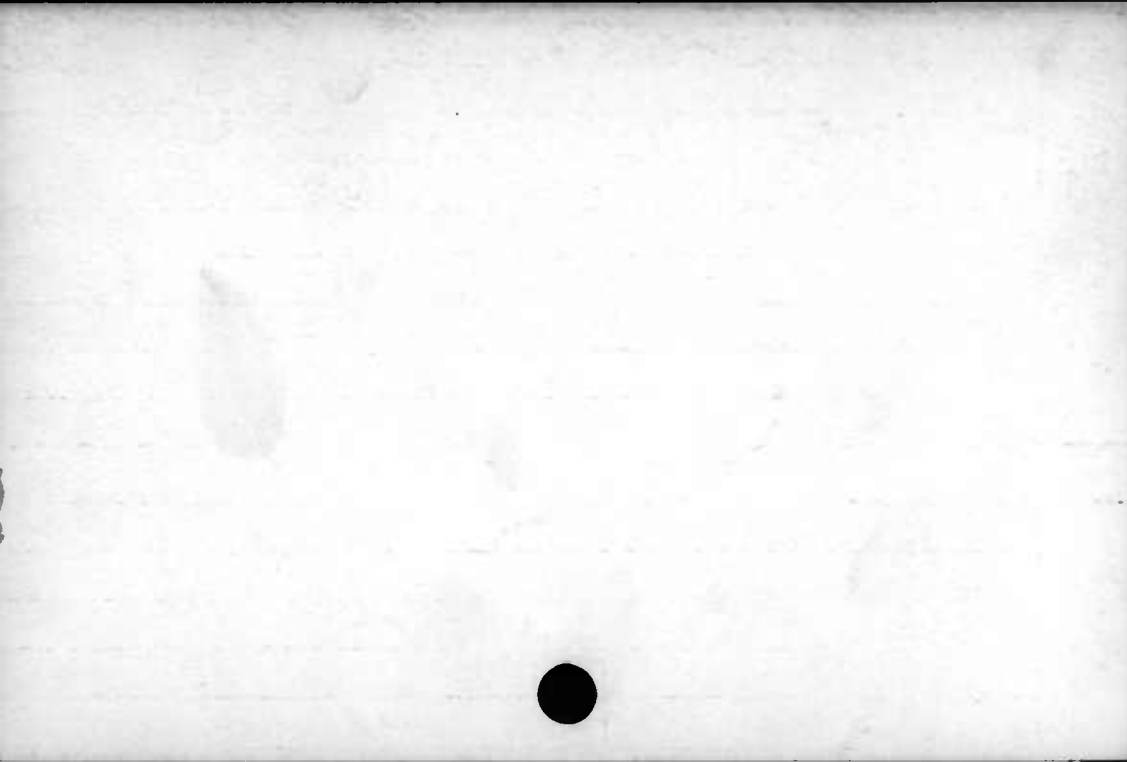
Primary <u>Fracture of Pelvis</u>	How long <u>16</u> hours
Immediate <u>Internal hemorrhage Shock</u>	How long <u>4</u> hours
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>W. B. Skilling</u>
	Address <u>Longmaring</u>
Accident or Suicide? <u>Accident due to fall of coal in mine</u>	





TO BE ANSWERED BY NEAREST FRIEND	Name in Full <b>Lissan Skidmore</b>		Town <b>Cumberland</b>		County <b>Allegany</b>		CERTIFICATE OF DEATH	
	Died at		Date of death 1903		Month <b>Apr.</b>		Day <b>6</b>	
	Sex <b>Female</b>		Color or Race <b>White</b>		Age <b>29</b>		Years <b>29</b>	
	Married, Single or Widowed <b>Single</b>		Occupation <b>Housemaid</b>		Birth-place <b>Ind.</b>		Months <b>—</b>	
	Name of Wife or Husband <b>—</b>		Father's Name <b>Noah Skidmore</b>		Mother's Maiden Name <b>Margaret E. Hansel</b>		Days <b>—</b>	
	Name of person giving information <b>51</b>		Father's Birthplace <b>—</b>		Mother's Birthplace <b>—</b>		How related to deceased <b>—</b>	

PHYSICIAN OR CORONER	CAUSES OF DEATH	
	Primary <b>Exophthalmic Goiter</b>	How long <b>2 or 3 years</b>
	Immediate <b>Bronchitis</b>	How long <b>1 week</b>
	Are the name, age, sex, color, date and place correctly given above? <b>yes</b>	Signature of Physician <b>H. N. Stansbury</b>
		Address <b>Cumberland Ind.</b>



Name  
in  
Full

## CERTIFICATE OF DEATH

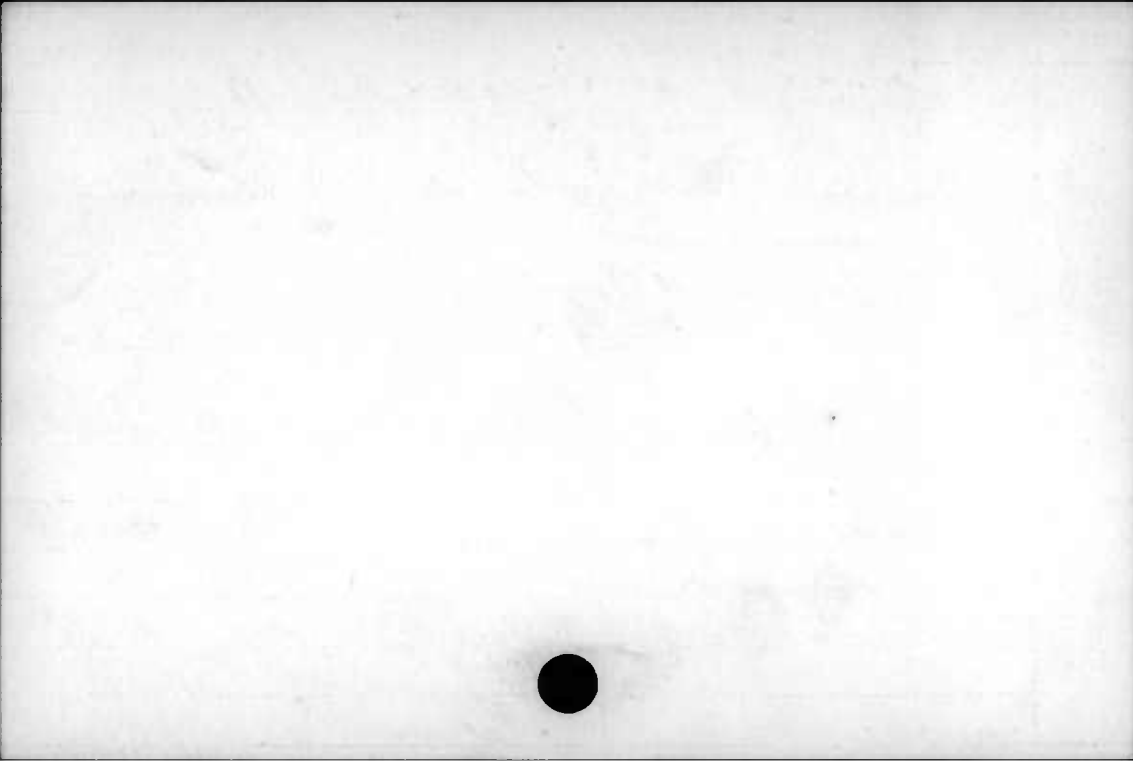
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Midland</u> <u>Allegheny</u> County		MARYLAND	
Date of death 190 <u>8</u> <u>April</u> <u>26</u> <u>Age</u> <u>83</u> <u>Months</u> <u>Days</u>			
Sex <u>Female</u> Color or Race <u>White</u> Birth-place <u>Ireland</u>			
<input checked="" type="checkbox"/> Married, Single <input type="checkbox"/> Widowed Occupation <u>None</u>			
Name of Wife <u>Jessie Sullivan</u> Husband			
Father's Name <u>James Neske</u>	Father's Birthplace <u>Ireland</u>		
Mother's Maiden Name <u>Catherine Neske</u>	Mother's Birthplace <u>Ireland</u>		
Name of person giving information <u>Catherine Wagner</u>	How related to deceased <u>Daughter</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Spinal Paralysis</u>	How long <u>16 years</u>
Immediate <u>Apoplexy</u>	How long <u>4 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>W. B. Skilling</u>
<u>64</u>	Address <u>Lenoxing</u>
Accident or Suicide? <u>No</u>	



Name  
in  
Full

Nellie B Taylor

## CERTIFICATE OF DEATH

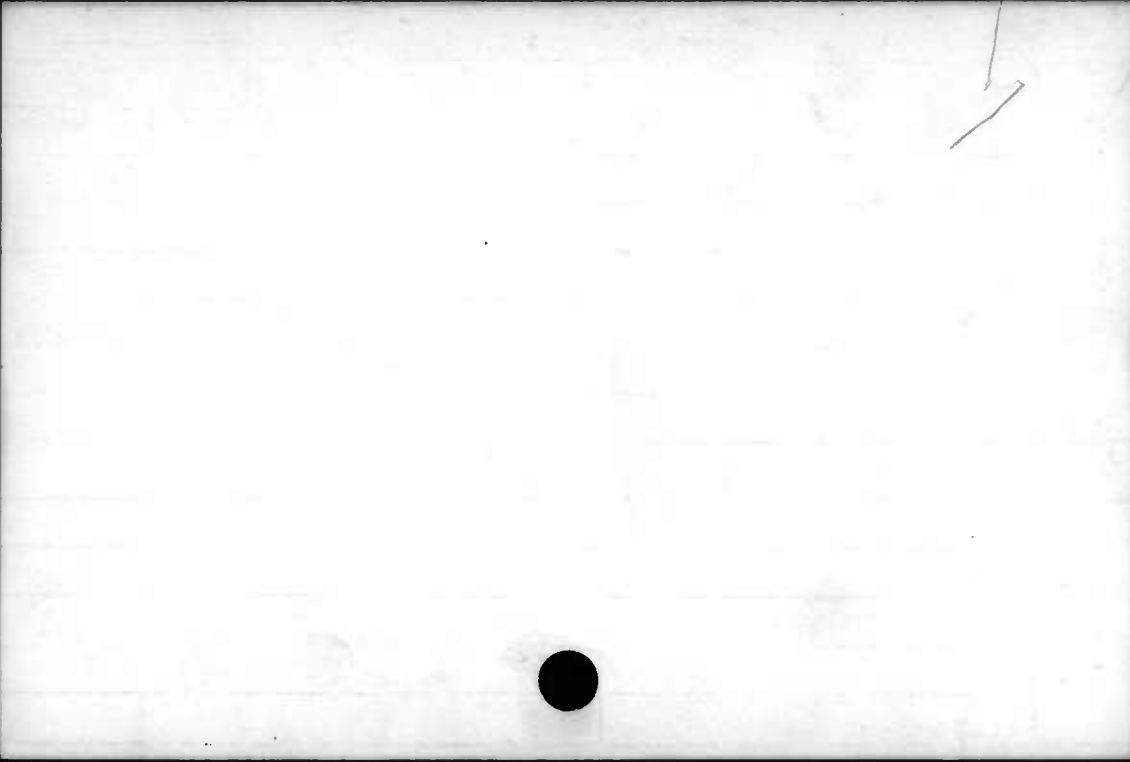
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Summerville</i>		County <i>Allegany</i>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>4</i>	Day <i>9</i>	Age <i>31</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>colored</i>		Birth-place <i>Piedmont</i>		
Married, Single or Widowed <i>married</i>			Occupation		
Name of Wife or Husband <i>John H Taylor</i>					
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information <i>John H Taylor</i>			How related to deceased <i>Husband</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Anemia</i>	How long <i>2 or 3 weeks</i>
Immediate <i>Exhaustion</i>	How long " "
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Ed Brown</i>
	Address <i>Summerville</i>
Accident or Suicide? <i>no</i>	



Name  
in  
Full

Anne Teasdale

## CERTIFICATE OF DEATH

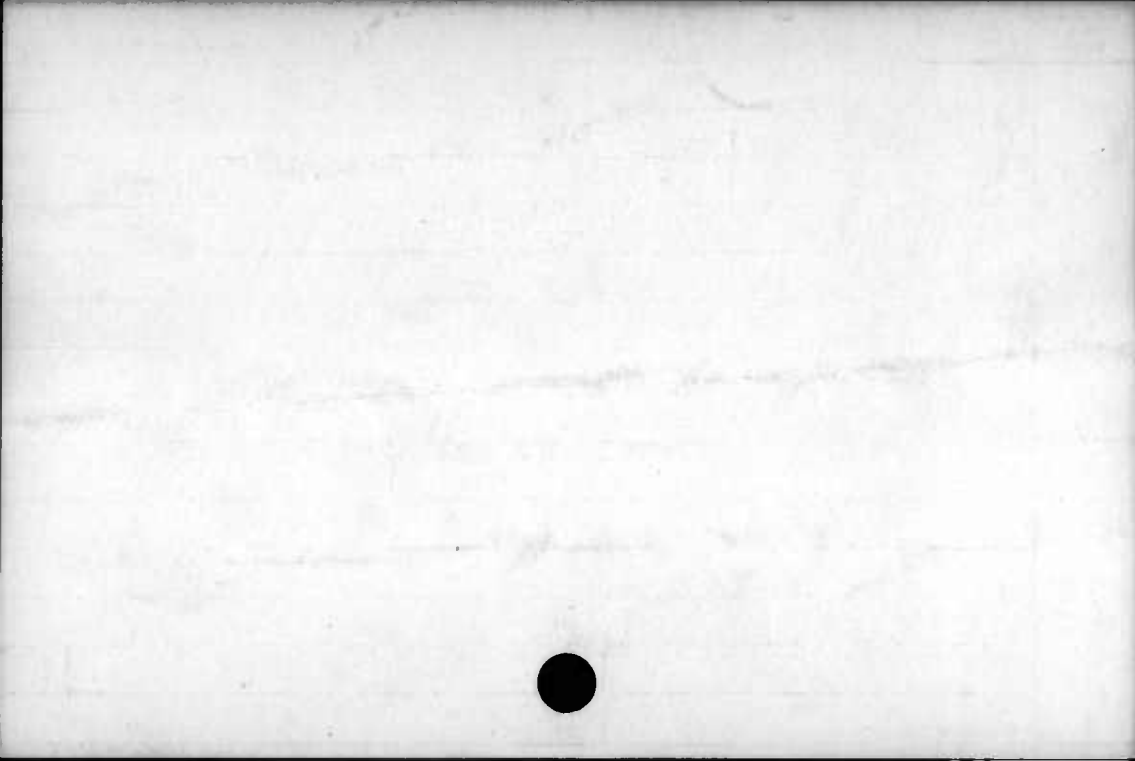
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Donacoring</i> <sup>Town</sup>		<i>Allegheny</i> <sup>County</sup>		MARYLAND	
Date of death 190	<i>3</i> <sup>Month</sup> <i>April</i> <sup>Day</sup>	<i>15</i> <sup>Age</sup>	<i>78</i> <sup>Years</sup>	<i>2</i> <sup>Months</sup>	<i>11</i> <sup>Days</sup>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Mt Savage Md.</i>			
Married, Single or Widowed <i>Widow</i>		Occupation <i>-</i>			
Name of <del>husband</del> <i>James Teasdale Sr.</i>					
Father's Name <i>John Porter</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Mary M. Albright</i>			Mother's Birthplace <i>"</i>		
Name of person giving information <i>Margaret Crow</i>			How related to deceased <i>daughter</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Cerebral Embolism</i>	How long <i>7 mos</i>
Immediate <i>Enterocolitis (Terminal Infection)</i>	How long <i>48 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>M. Gibson Porter</i>
	Address <i>Donacoring Md.</i>
Accident or Suicide? <i>No</i>	





Name  
in  
Full

## CERTIFICATE OF DEATH

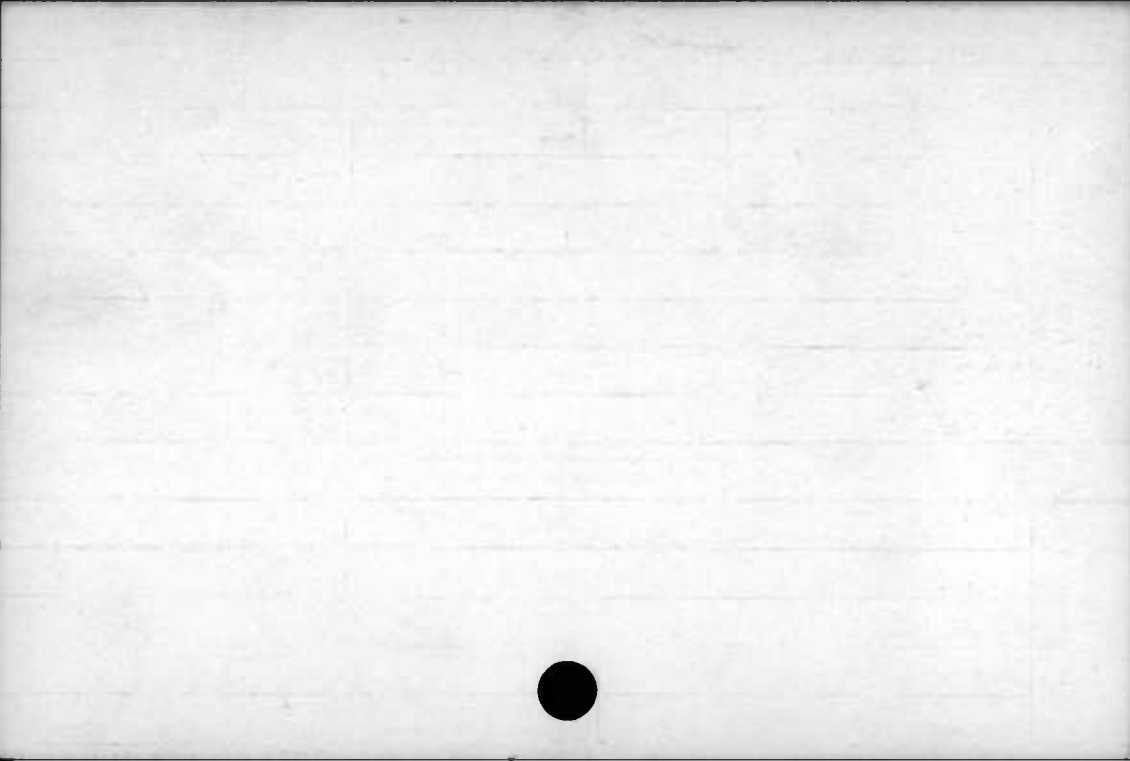
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Mrs Minnie Washington</i>		Town <i>Cumma</i>		County <i>Alle</i>		State <i>MARYLAND</i>	
Died at <i>Cumma</i>							
Date of death 190	Month <i>3</i>	Day <i>4</i>	Age <i>23</i>	Years <i>23</i>	Months	Days	
Sex <i>Female</i>	Color or Race <i>Caucasian</i>		Birth-place <i>Prostburg</i>				
Married, Single or Widowed <i>Married</i>		Occupation <i>House wife</i>					
Name of Wife or Husband							
Father's Name <i>Shad Minchae</i>				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information <i>Joseph Washington</i>				How related to deceased <i>Grandson</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Drummond</i>	How long
Immediate <i>W J</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>W J Connor</i>
	Address <i>Connor</i>
Accident or Suicide?	



Name  
in  
Full

*Infant Washington*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Cumberland</i> <sup>Town</sup>		<i>Allegany</i> <sup>County</sup>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>April</i>	Day <i>18</i>	Age <del><i>10</i></del>	Months <del><i>10</i></del>	Days <i>1</i>
Sex <i>male</i>	Color or Race <i>Blk</i>		Birth-place <i>Cumberland</i>		
Married, Sing'l or Widowed <i>— Single</i>			Occupation <i>—</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>Guy Washington</i>			Father's Birthplace <i>W. Va.</i>		
Mother's Maiden Name <i>Leola Childs</i>			Mother's Birthplace <i>W. Va.</i>		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Still Born</i>	How long	<i>—</i>
Immediate		How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Arthur N. Hawkins</i>	
		Address <i>Cumberland</i>	
Accident or Suicide? <i>—</i>		<i>Med.</i>	



Name  
in  
Full

(Baby) Whelstone

## CERTIFICATE OF DEATH

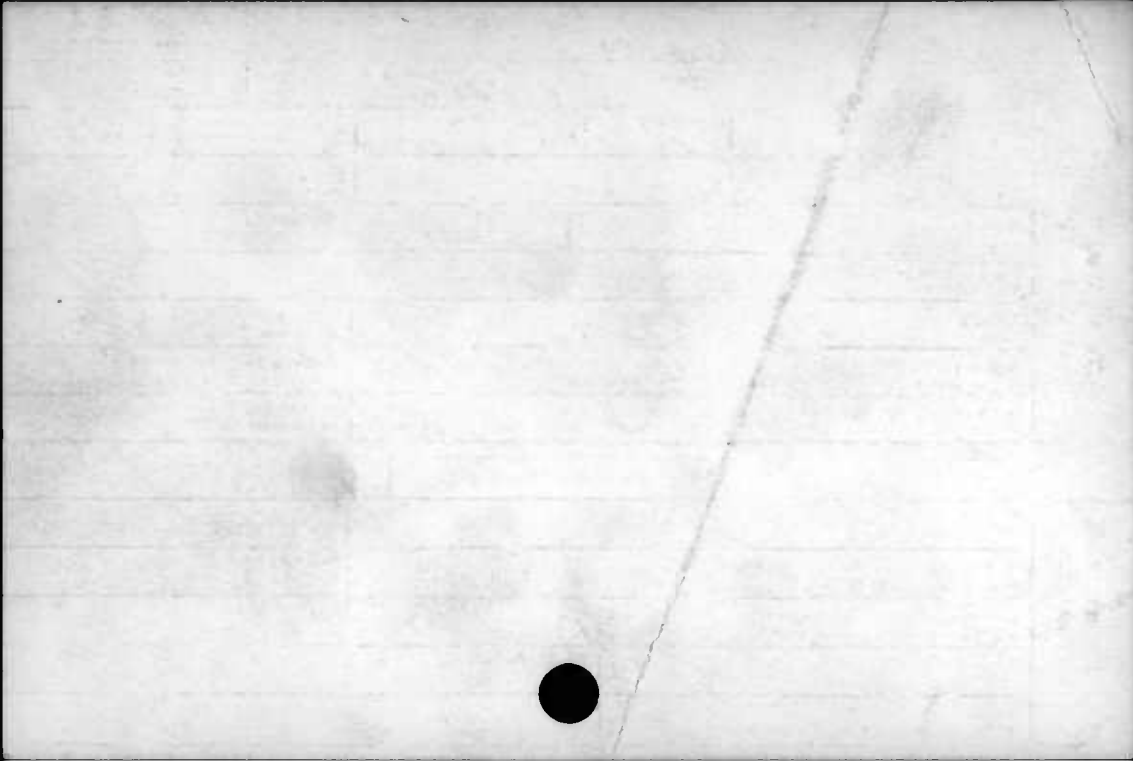
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date		Month		Day		Years	
of death 1903		Apr		25		Age 3 weeks	
Sex		Female		Color or Race		W	
Married, Single or Widowed		X		Occupation		X	
Name of Wife or Husband		X		Birthplace		Froelting	
Father's Name		Frank Whelstone		Father's Birthplace		Froelting Ind	
Mother's Maiden Name		Streets		Mother's Birthplace		Froelting	
Name of person giving information				How related to deceased		X	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary		Retention of Urine		How long		one week	
Immediate		Convulsion		How long		—	
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		J Griffith	
				Address		Froelting Ind	
Accident or Suicide?		X				X	



Name  
in  
Full

*Mary E Williams*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Cumtland</i> <small>Town</small>		<i>Allegheny</i> <small>County</small>		MARYLAND	
Date of death 190 <i>3</i>	<i>April</i> <small>Month</small>	<i>19</i> <small>Day</small>	Age <i>60</i> <small>Years</small>	<i>9</i> <small>Months</small>	<i>33</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Pa</i>		
Married, Single or Widowed <i>Married</i>		Occupation <i>wife</i>			
Name of Wife or Husband <i>Charles A Williams</i>					
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Valvular Heart disease</i>	How long <i>don't know</i>
Immediate <i>Paralysis of Heart</i>	How long <i>half hour</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. J. Williams</i>
	Address <i>Cumtland</i>
Accident or Suicide? <i>-</i>	<i>nil</i>





Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 190		Month	Day	Age	Years	Months	Days
Sex		Color or Race		Birth-place			
Married, Single or Widowed		Occupation					
Name of Wife or Husband							
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information		How related to deceased					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
Address	
Accident or Suicide?	

C. F. Mabel  
Allegheny  
Penn

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Smoking</i> Town		<i>Allegheny</i> County		MARYLAND	
Date of death 1903	Month <i>April</i>	Day <i>7</i>	Age <i>74</i>	Months <i>1</i>	Days <i>15</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Scotland</i>		
Married, Single or Widowed <i>Widowed</i>			Occupation <i>—</i>		
Name of <del>Wife</del> Husband <i>Isaac Wiper (deceased)</i>					
Father's Name <i>Peter Burk</i>			Father's Birthplace <i>Scotland</i>		
Mother's Maiden Name <i>Christina Hay</i>			Mother's Birthplace <i>Scotland</i>		
Name of person giving information <i>Isaac Wiper</i>			How related to deceased <i>Son</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Chronic Bronchitis</i>	How long <i>8 years</i>
Immediate <i>Pneumonia</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>James O. Bullock</i>
	Address <i>Smoking Maryland</i>
Accident or Suicide?	



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Cumberland</i> <sup>Town</sup>		<i>Allegany</i> <sup>County</sup>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>4</i>	Day <i>28</i>	Age <i>26</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>MD</i>		
Married, Single or Widowed <i>Single</i>			Occupation <i>None</i>		
Name of Wife or Husband <i>Jessie Wright</i>					
Father's Name <i>Jess Wright</i>			Father's Birthplace <i>MD</i>		
Mother's Maiden Name <i>Jess Wright</i>			Mother's Birthplace <i>—</i>		
Name of person giving information <i>Arthur Leathers, Rm 1000</i>			How related to deceased <i>Relative</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Epilepsy</i>	How long <i>Several years</i>
Immediate <i>Paralysis</i>	How long <i>Suddenly</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>M. F. Smith</i>
	Address <i>Cumberland, MD</i>
Accident or Suicide? <i>—</i>	

~~B. Stebbins~~

~~Received the day before  
certificate was sent in~~

~~Bureau at Rose Hill~~

~~April 28 & certificate~~

~~April 28 - 1893~~

Name in Full		Town				County		MAYLAND	
Mr. William Youngblood.		Cumberland		Allegany					
Died at		Date of death 1903		Month April		Day 2		Age 5-4	
Sex Male		Color or Race White		Birth-place		Months		Days	
Married, Single or Widowed married		Occupation							
Name of Wife or Husband									
Father's Name		Fether's Birthplace							
Mother's Maiden Name		Mother's Birthplace							
Name of person giving information		79		How related to deceased					
CAUSES OF DEATH									
Primary		Organic Cardiac Disease				How long		some years	
Immediate		Pulmonary Oedema				How long		4 days	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		James T. Johnson, M.D.		Address		Cumberland, Md.	
Accident or Suicide?									





Name  
in  
Full

Infant of Fred Zink (~~over~~)

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Cumberland</u> <sup>Town</sup>		<u>Allegheny</u> <sup>County</sup>		MARYLAND	
Date of death 190 <u>3</u>	<u>Apr</u> <sup>Month</sup>	<u>25</u> <sup>Day</sup>	Age <u>—</u> <sup>Years</sup>	<u>—</u> <sup>Months</sup>	<u>1</u> <sup>Days</sup>
Sex <u>male</u>	Color or Race <u>white</u>		Birth-place <u>Cumberland</u>		
Married, Single or Widowed <u>Single</u>			Occupation <u>Infant</u>		
Name of Wife or Husband <u>—</u>					
Father's Name <u>Fred Zink</u>			Father's Birthplace <u>Germany</u>		
Mother's Maiden Name <u>Tizzie Vogel</u>			Mother's Birthplace <u>Germany</u>		
Name of person giving information <u>Fred Zink</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Stillborn</u> } <u>due to</u> <u>Same</u> } <u>asphyxia</u> <u>          </u> } <u>of</u> <u>          </u> } <u>mother</u>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>Dr. Dyer &amp; Wiley</u>
		Address <u>Cumberland, Md</u>
Accident or Suicide? <u>—</u>		

Record by Stein in  
Yunnan Lutheran Church  
without a permit -